

FILED FEB 16 1951

STANDARD CERTIFICATE OF DEATH

State File No. 3800

1168

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. _____							
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (If deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u>				b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Missouri</u>		c. LENGTH OF STAY (In this place) <u>40 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>				<u>2179</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>St. Louis City Hospital #1.</u>				d. STREET ADDRESS (If rural, give location) <u>3139 A. St. Vincent</u>									
3. NAME OF DECEASED (Type or Print)			a. (First) <u>MARY</u>			b. (Middle) <u>E.</u>			c. (Last) <u>BENTON</u>				
4. DATE OF DEATH			(Month) <u>Feb.</u>			(Day) <u>5th,</u>			(Year) <u>1951</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Sept. 3rd 1881</u>		9. AGE (In years last birthday) <u>69</u>		IF UNDER 1 YEAR Months Days		IF UNDER 60 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housework</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>				11. BIRTHPLACE (State or foreign country) <u>Allenton Pa.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Louis P. Eschenbach</u>				13b. MOTHER'S MAIDEN NAME <u>Jennie Hartman</u>				14. NAME OF HUSBAND OR WIFE <u>Harry Benton</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>				16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Harry Benton</u>				ADDRESS <u>3139 A. St. Vincent</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple Decubiti</u>								INTERVAL BETWEEN ONSET AND DEATH			
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Malnutrition</u>											
		DUE TO (c) <u>Paralysis Agitans.</u>											
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR <u>350X</u>							
22. I hereby certify that I attended the deceased from <u>1/17/51</u> , 19 <u>51</u> , to <u>2/5/51</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>2/5/51</u> , 19 <u>51</u> , and that death occurred at <u>2:50am</u> , from the causes and on the date stated above.													
23a. SIGNATURE <u>Francis J. Catanzaro M.D.</u>						23b. ADDRESS <u>1515 Lafayette Ave.,</u>			23c. DATE SIGNED <u>2/5/51</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Feb. 7th. 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mount Hope</u>				24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo</u>					
DATE REC'D BY LOCAL REG. <u>FEB 6 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Parster</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Henry J. Henderson</u>				ADDRESS <u>6203 Gravois Ave</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed *Robert M Murray*
Student Embalmer No.....

Licensed Embalmer No. *3749*

P. O. Address *St. Louis, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.