

No. 309
10:48

FILED JUL 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25660

State File No.

BIRTH NO. _____ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2723

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Pine Lawn</u>)		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>University City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Shamrock Nursing Home</u>		d. STREET ADDRESS (If rural, give location) <u>6820 Delmar</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u>		b. (Middle) _____ c. (Last) <u>Benas</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>July 20 1951</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 17-1872</u>
9. AGE (In years last birthday) <u>79</u>		IF UNDER 1 YEAR Months <u>3</u>	IF UNDER 6 mos. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Box Mfg.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Wood Boxes</u>	11. BIRTHPLACE (State or foreign country) <u>Lawrence Kansas</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Henry Benas</u>		13b. MOTHER'S MAIDEN NAME <u>Johanna Jacoby</u>	
14. NAME OF HUSBAND OR WIFE <u>Florence Benas</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>Unknown</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Dorothy Gradison-Cincinnati</u>		ADDRESS <u>4075 Beechwood Ohio</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, asthma, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Vascular Accident</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis General</u>		<u>Several</u>	
DUE TO (c) <u>Arterio-sclerotic degenerative</u>		<u>years.</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Heart disease 5.3ix</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4221</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Sept. 19 47 to July 20, 19 51</u> , that I last saw the deceased alive on <u>July 1, 19 51</u> , and that death occurred at <u>6:30 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Herman M. Meier M.D.</u>		23b. ADDRESS <u>4409 West Pine</u>	
23c. DATE SIGNED <u>7/21/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		24b. DATE <u>7-22-1951</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Missouri Crematory</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-22-51</u>		REGISTRAR'S SIGNATURE <u>Robert R. Lomke</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Herman Rudolph Inc.</u>		ADDRESS <u>5216 Delmar</u>	

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.

Student Embalmer No.

Signed

Peter B. Dubrouillet

Signed.....

Student Embalmer

Licensed Embalmer No.

3691

P. O. Address

Richmond Heights, N.

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.