

FILED NOV 2 1951

STANDARD CERTIFICATE OF DEATH

State File No. 35230

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 100 Registrar's No. 9284

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1.		STREET ADDRESS (If rural, give location) 2355 Albion Place	

3. NAME OF DECEASED (Type or Print) BENJAMIN	a. (First)	b. (Middle) F	c. (Last) WEED	4. DATE OF DEATH (Month) (Day) (Year) October 20, 1951
--	------------	---------------	----------------	---

5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH Nov. 29, 1877	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
----------	--------------------	--	--------------------------------	------------------------------------	------------------------	-----------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stone-cutter	10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (State or foreign country) Oklahoma /	12. CITIZEN OF WHAT COUNTRY?
--	---	--	------------------------------

13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Alma Frances
----------------------------	-----------------------------------	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 490-20-9968a	17. INFORMANT'S SIGNATURE OR NAME Benjamin L. Weed	ADDRESS 1600a Cass Avenue
--	--------------------------------------	--	---------------------------

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) <i>Post Operative Hemorrhage</i>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Gastrectomy while under going an operation at City Hosp #1.</i>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>545X</i>
---	--	--

22. I hereby certify that I attended the deceased from _____ 19 to _____, 19, that I last saw the deceased alive on _____, 19, and that death occurred at *1255 A.M.*, from the causes and on the date stated above.

23a. SIGNATURE <i>Patrick L. Taylor</i> (Degree or title) <i>Coroner</i>	23b. ADDRESS <i>1300 Clark</i>	23c. DATE SIGNED <i>10.24.51</i>
--	--------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>10.22.51</i>	24c. NAME OF CEMETERY OR CREMATORY <i>St. Matthews</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis, Missouri</i>
---	---------------------------	--	--

DATE REC'D BY LOCAL REG. <i>10/29/51</i>	REGISTRAR'S SIGNATURE <i>Paul Smith</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>McLaughlin</i>	ADDRESS <i>2301 Lafayette Avenue</i>
--	---	--	--------------------------------------

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed H. J. Farris.....

Licensed Embalmer No. 3384.....

P. O. Address 2301 Lafayette.....

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.