

## STANDARD CERTIFICATE OF DEATH

State File No. 9673

BIRTHD. FEB. 29 1952

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1891

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 town) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2119	
c. LENGTH OF STAY (In this place) 9 mo.		d. STREET ADDRESS (If rural, give location) 3636 Page 6	
d. FULL NAME OF HOSPITAL OR INSTITUTION. Homer G Phillips			
3. NAME OF DECEASED (Type or Print) a. (First) Edward		b. (Middle) Bennett	c. (Last) Bennett
4. DATE OF DEATH (Month) (Day) (Year) Feb. 24, 1952			
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 22, 1885
9. AGE (In years last birthday) 67	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	11. BIRTHPLACE (State or foreign country) Hananda, Mississippi	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Edward Bennett Sr		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Bennett Catherine Matthew
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME Mrs. Emmell Robinson 3636 Page	
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)		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) <i>Cardio Renal Vascular Disease</i>	
DUE TO (c)			
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? 442X	
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 <i>1200 N. Poplar</i> from the causes and on the date stated above.			
23a. SIGNATURE <i>Dr. J. C. Smith</i>		23b. ADDRESS <i>1300 Clark</i>	23c. DATE SIGNED <i>2/28/52</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Feb. 29, 1952	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Memphis, Tenn.
DATE REC'D BY LOCAL REG. FEB 28 1952	REGISTRAR'S SIGNATURE <i>J. C. Smith</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Metropolitan Funeral Hys. Inc.</i>	
ADDRESS 5010 Enright			

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

10/15/24

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.....

*Paul V. Freeman*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4686

P. O. Address. 4585 Aldine

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.