

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9678**  
Registrar's No. **2709**

**1952 APR 12 1952**

**318**

**1003**

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. <b>9678</b>		Registrar's No. <b>2709</b>						
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____										
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis,</b>			c. LENGTH OF STAY (In this place) _____			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis,</b>			<b>2159</b>					
d. FULL NAME OF HOSPITAL OR INSTITUTION. <b>St. Anthony Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>15 3109 Meramec St.</b>										
3. NAME OF DECEASED (Type or Print) <b>Mary</b>			a. (First)		b. (Middle) <b>G.</b>		c. (Last) <b>Benz</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>March 19, 1952</b>					
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>October 13, 1879</b>		9. AGE (In years last birthday) <b>72</b>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					
13a. FATHER'S NAME <b>John H. Gebken</b>				13b. MOTHER'S MAIDEN NAME <b>Tekla Becker</b>				14. NAME OF HUSBAND OR WIFE <b>Wm. G. Benz Dec'd</b>						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>				16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Theresia Benz</b> ADDRESS <b>3109 Meramec St.</b>								
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonia</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic Vascular Renal Disease</b> DUE TO (c) <b>Chronic Pneumonia</b>  II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.								INTERVAL BETWEEN ONSET AND DEATH <b>Week</b>  <b>Sev. yrs.</b>  <b>year.</b>		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>442X</b>										
22. I hereby certify that I attended the deceased from <b>4-2, 1951</b> , to <b>3-19, 1952</b> , that I last saw the deceased alive on <b>3-19, 1952</b> , and that death occurred at <b>8:55P.m.</b> , from the causes and on the date stated above.														
23a. SIGNATURE: <b>Robert A. Brennan</b> (Degree or title) <b>M.D.</b>				23b. ADDRESS <b>5417 South Grand</b>				23c. DATE SIGNED <b>3-20-52</b>						
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>3/24/52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Resurrection Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Missouri</b>								
DATE REC'D BY LOCAL REG. <b>MAR 22 1952</b>		REGISTRAR'S SIGNATURE <b>Earl Smith</b>				25. FUNERAL DIRECTOR'S SIGNATURE <b>Gebken-Benz Mortuary</b> ADDRESS <b>2842 Meramec St. St. Louis 18 Mo.</b>								

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 \_\_\_\_\_ me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Student Embalmer

Signed \_\_\_\_\_

*Loren E. Percy*

Licensed Embalmer No. 4094

P. O. Address 2842 Meramec St.

St. Louis 18 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.