No. 300
10.48

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

FILED MAY 19 1952

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

18407

State File No. 4154

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4154

**1. PLACE OF DEATH**
a. COUNTY ~~1755 So. Grand~~
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 4 Mo.
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mo. Pac Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) New Madrid. 0721
d. STREET ADDRESS (If rural, give location) 1755 So. Grand St. Louis 4, Missouri.

**3. NAME OF DECEASED** (Type or Print)
a. (First) BENJAMIN
b. (Middle) F.
c. (Last) PIKEY

**4. DATE OF DEATH** (Month) (Day) (Year) 4-22-52

**5. SEX** male 0
**6. COLOR OR RACE** white
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) widowed 2
**8. DATE OF BIRTH** 6-18-1861
**9. AGE** (In years last birthday) 90 — If under 1 year: Months, Days; If under 1 day: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) retired engineer
**10b. KIND OF BUSINESS OR INDUSTRY** Railroad
**11. BIRTHPLACE** (City and State or Foreign Country) unknwon 9
**12. CITIZEN OF WHAT COUNTRY?** USA

**13a. FATHER'S NAME** unknown
**13b. MOTHER'S MAIDEN NAME** unknown
**14. NAME OF HUSBAND OR WIFE** unknown

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) no — (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.** none
**17. INFORMANT'S SIGNATURE OR NAME ADDRESS** Hospital Records

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Nephrosclerosis- Uremia; Arteriosclerosis, generalized.

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) -

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS -

*Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION** 0
**20. AUTOPSY?** YES ☐ NO ☒

**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 ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?** HHGX

*22. I hereby certify that I attended the deceased from April 18, 1952, to April 22, 1952 that I last saw the deceased alive on April 22, 1952, and that death occurred at 2:40 A m., from the causes and on the date stated above.*

**23a. SIGNATURE** [signature] (Degree or title) MD
**23b. ADDRESS** Missouri Pacific Hospital St. Louis, Missouri.
**23c. DATE SIGNED** April 30, 1952

**24a. BURIAL, CREMATION, REMOVAL** (Specify) removal
**24b. DATE** 4-28-52
**24c. NAME OF CEMETERY OR CREMATORY**
**24d. LOCATION** (City, town, or county) (State) New Madrid, Mo.

DATE REC'D BY LOCAL REG. MAY 3 1952
REGISTRAR'S SIGNATURE J Earl Smith MD
**25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS** Richards, New Madrid, Mo.

(Licensed Embalmer's Statement on Reverse Side)

## 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 _____

Licensed Embalmer No. 4366

P. O. Address _____

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.