

V. S. No. 300
REV. 10-48

FILED JUL 5 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22884**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **541** Registrar's No. **1651**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town) Clayton		c. LENGTH OF STAY (In this place) 9 hrs.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Co. Hospt.		d. STREET ADDRESS (If rural, give location) 3306 Royalton Ave.	

3. NAME OF DECEASED (Type or Print) a. (First) Jacquiline b. (Middle) _____ c. (Last) Bennett			4. DATE OF DEATH (Month) (Day) (Year) June 17 1952		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH July 28 1934	9. AGE (In years last birthday) 17	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY Dont Know	11. BIRTHPLACE (City and State or Foreign Country) St. Louis Co	12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Oscar Bennett	13b. MOTHER'S MAIDEN NAME Ethel Newberry	14. NAME OF HUSBAND OR WIFE _____
---	---	-----------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. (If yes, give way or dates of service) 265-44-3525	17. INFORMANT'S SIGNATURE OR NAME Ethel Bennett	ADDRESS 1206 Hodiament Ave.
---	---	--	------------------------------------

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) Severe cerebral concussion		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) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Deep laceration of face & body		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION 134	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
------------------------------	---	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) University City ST. LOUIS MO
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 6/17/52 3:19A	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Blunt impact

22. I hereby certify that I attended the deceased from **6-17-52** to **6-17-52**, that I last saw the deceased alive on **6-17-52**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Ernest H. Schaper, M.D.	23b. ADDRESS 601 So. Brentwood	23c. DATE SIGNED 6-19-52
---	---------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 21 1952	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.	24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.
---	-------------------------------	--	--

DATE REC'D BY LOCAL REG. 6-19-52	REGISTRAR'S SIGNATURE Herbert R. Donke, MD	25. FUNERAL DIRECTOR'S SIGNATURE Jos. W. Clark	ADDRESS 1125 Hodiament Ave.
---	---	---	------------------------------------

310 Licensed Embalmer's Statement on Reverse Side

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 _____

John S. Demme

Licensed Embalmer No. 4194

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.