

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23076

State File No.

FILED JUL 5 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1806

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Koch (rural)</u>)		c. LENGTH OF STAY (In this place) <u>48 days</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Robert Koch Hospital</u>		e. CITY (If outside corporate limits, write RURAL and give township) <u>DOWN St. Louis (Kirkwood) 4703</u>	
		d. STREET ADDRESS (If rural, give location) <u>130 E. Madison</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mae</u>		b. (Middle) <u>-</u>	
		c. (Last) <u>Bennett</u>	
		4. DATE OF DEATH (Month) (Day) (Year) <u>June 30, 1952</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>1-9-16</u>
9. AGE (In years last birthday) <u>36</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at Home</u>	
11. BIRTHPLACE (State or foreign country) <u>No. Carolina</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>G. W. Perry</u>		13b. MOTHER'S MAIDEN NAME <u>Geraldine Maids</u>	
14. NAME OF HUSBAND OR WIFE <u>Leo Bennett</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>262-05-0874</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Records, Robt. Koch Hosp.</u>		ADDRESS _____	
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) <u>Pulmonary Tuberculosis</u> 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.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>002X</u>	
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 checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>5-13-52</u> , 19 <u>52</u> , to <u>6-30-52</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>6-30-52</u> , 19 <u>52</u> , and that death occurred at <u>5:25 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>John Niederwieser M.D.</u> (Degree or title)		23b. ADDRESS <u>Robert Koch Hospital</u>	
		23c. DATE SIGNED <u>7-1-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>		24b. DATE <u>7-2-52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>VALHALLA-CRE. ST. LOUIS, MO</u>		24d. LOCATION (City, town, or county) (State) _____	
DATE REC'D BY LOCAL REG. <u>7-1-52</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donke</u>	
		25. FUNERAL DIRECTOR'S SIGNATURE <u>Alfred F. Webster</u> ADDRESS <u>WEBSTER</u>	

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.

Signed W. C. Aldrich

Signed _____
Student Embalmer

Licensed Embalmer No. 1332

P. O. Address Orchester Grove

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.