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REG # 106218

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41080**

BIRTH NO. **FILED DEC 2 1952** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **3010**

4000

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

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before acquisition) a. STATE MISSOURI b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) JEFFERSON BARRACKS, MO.	c. LENGTH OF STAY (in this place) 22 DAYS	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS (14) Willetton 4301	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL		d. STREET ADDRESS (If rural, give location) 6437 DERBY	

3. NAME OF DECEASED (Type or Print) a. (First) DANIEL	b. (Middle) E.	c. (Last) BENNETT	4. DATE OF DEATH (Month) (Day) (Year) 11-22-52	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 11-10-86	9. AGE (In years last birthday) 66 # UNDER 1 YEAR Months # UNDER 11 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLOTHING CUTTER		10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN	11. BIRTHPLACE (City and State or Foreign Country) LOUISVILLE, KENTUCKY	
13a. FATHER'S NAME CHARLES BENNETT		13b. MOTHER'S MAIDEN NAME YAKOWA Belle Boyd	14. NAME OF HUSBAND OR WIFE LILLIE BENNETT	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-1	16. SOCIAL SECURITY NO. 488038793	17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA HOSPITAL RECORDS, JEFF BRKS, MO.		

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ENCEPHALOMALACIA OF LEFT CEREBRAL HEMISPHERE		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES	DUE TO (b) THROMBOSIS OF LEFT INTERNAL CAROTID ARTERY		
DUE TO (c) ARTERIOSCLEROSIS OF INTERNAL CAROTID ARTERY	AND CEREBRAL ARTERIES		332X-
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) NONE	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) VA	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **10-31, 1952**, to **11-22, 1952**, and that death occurred at **1:25 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE E. J. SZEWCZYK (Degree or title) M.D.	23b. ADDRESS VET ADM HOSP, JEFF BRKS, MO.	23c. DATE SIGNED 11/22/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 25, 1952	24c. NAME OF CEMETERY OR CREMATORY Lake Charles Cemetery
24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.		

DATE REC'D BY LOCAL REG. 11-24-52	REGISTRAR'S SIGNATURE Husbert O. Dombrowski	25. FUNERAL DIRECTOR'S SIGNATURE Alexander & Sons	ADDRESS 6175 Delmar
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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 Joe. E. McCulloch

Licensed Embalmer No. 2960

P. O. Address 6170 Pelman

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.