

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

7348

FILED MAR 11 1953

 REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1957**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri, b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis,		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis, 2159	
d. FULL NAME OF HOSPITAL OR INSTITUTION Little Sisters of the Poor 3400 So. Grand Blvd		d. STREET ADDRESS (If rural, give location) 4419 Taft Ave., 15	
3. NAME OF DECEASED (Type or Print) Alice		4. DATE OF DEATH (Month) (Day) (Year) February 18, 1953	
5. SEX Female,		6. COLOR OR RACE White,	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed,		8. DATE OF BIRTH April 17, 1885	
9. AGE (In years last birthday) 67		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home,	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Ireland,		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Patrick Moore,		13b. MOTHER'S MAIDEN NAME Margaret Keane,	
14. NAME OF HUSBAND OR WIFE George H. Benner, deceased,			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME George F. Benner, 4419 Taft Ave.,		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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u> INTERVAL BETWEEN ONSET AND DEATH <u>Yes</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General arteriosclerosis</u> <u>Yes</u> 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"/>			
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) St. Louis, Mo			
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? 4200			
22. I hereby certify that I attended the deceased from <u>Jan</u> , 19 <u>53</u> , to <u>2/18/53</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>2/16/53</u> , 19 <u>53</u> , and that death occurred at <u>12:40A</u> , m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) M. J. ...		23b. ADDRESS 539 N. Grand	
23c. DATE SIGNED 2/19/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial,		24b. DATE 2/21/53	
24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery,		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri,	
DATE REC'D BY LOCAL REG. FEB 19 1953		REGISTRAR'S SIGNATURE J. C. Smith	
25. FUNERAL DIRECTOR'S SIGNATURE Gebken-Benz Mortuary, 2842 Meramec St., St. Louis, 18, Mo.		ADDRESS	

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

working under my personal supervision.

Student Embalmer No.

Signed _____

Leron B. Percy

Signed
Student Embalmer

Licensed Embalmer No. 40940

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.