

S. No. 300
V. 10.48

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

State File No. **11231**

FILED MAR 18 1953

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

Registrar's No. **2150**

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

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) OR TOWN St. Louis, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2059	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mary Ryder Home 4362 Olive St.		d. STREET ADDRESS (If rural, give location) 5280 Page Avenue 0	
3. NAME OF DECEASED a. (First) Amelia b. (Middle) J. c. (Last) Bennett			4. DATE OF DEATH (Month) (Day) (Year) Feb. 22, 1953.
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 11-13-1870
9. AGE (In years last birthday) 82		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker	10b. KIND OF BUSINESS OR INDUSTRY At Home
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Graham		13b. MOTHER'S MAIDEN NAME Frances A. Clarkson	
14. NAME OF HUSBAND OR WIFE Deceased		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Mr. James Bennett, 5711 Devonshire 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension 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 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)	
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 332X		22. I hereby certify that I attended the deceased from 8-10 1953, to 2-20 , 1953 that I last saw the deceased alive on 2-20 , 1953, and that death occurred at 5:00 A. m., from the causes and on the date stated above.	
23a. SIGNATURE R. H. Weaver M.D. (Degree or title)		23b. ADDRESS Ferguson, Mo.	
23c. DATE SIGNED 2-24-53		24a. BURNAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 2-25-53		24c. NAME OF CEMETERY OR CREMATORY Bethany Cemetery	
24d. LOCATION (City, town, or county) (State) Wellston, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Math Hermann & Son Inc. ADDRESS 2161 E. Fair Ave.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE FEB 25 1953 Carl Smith MO		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Math Hermann & Son Inc. 2161 E. Fair Ave.	

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(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

Walter H. Katz

Licensed Embalmer No. 3737

P. O. Address St. Louis, 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.