

FILED MAY 18 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **19181**
Registrar's No. **4598**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 19181		Registrar's No. 4598					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY _____									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			c. LENGTH OF STAY (in this place) 50 yrs.			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			2069				
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute to City Hosp.				6 STREET ADDRESS 1380 Shawmut		(If rural, give location)							
3. NAME OF DECEASED (Type or Print) HARRY S. BENSKY			a. (First)			b. (Middle)			c. (Last)				
4. DATE OF DEATH May 5, 1953			(Month)			(Day)			(Year)				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 1, 1884		9. AGE (in years last birthday) 69		IF UNDER 1 YEAR: Months _____ Days _____		IF UNDER 100 Hrs. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter				10b. KIND OF BUSINESS OR INDUSTRY Contractor				11. BIRTHPLACE (City and State or Foreign Country) USSR				12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Sam Bensky			13b. MOTHER'S MAIDEN NAME Unk			14. NAME OF HUSBAND OR WIFE Ida							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO			16. SOCIAL SECURITY NO. 492-05-7057			17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ida Bensky 1300 Shawmut							
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) Coronary thrombosis ANTECEDENT CAUSES arterio-sclerosis 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.								INTERVAL BETWEEN ONSET AND DEATH Immediate 1 yr.			
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? 4201									
22. I hereby certify that I attended the deceased from June 21, 1951 , to May 5, 1953 , that I last saw the deceased alive on May 1, 1953 , and that death occurred at 10:30 Am. , from the causes and on the date stated above.													
23a. SIGNATURE J. A. Sipehite M.D. (Degree or title)					23b. ADDRESS 3718 Midland Blvd			23c. DATE SIGNED 5-5-53					
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5/7/53		24c. NAME OF CEMETERY OR CREMATORY Chebra Kadisha			24d. LOCATION (City, town, or county) University City Mo.		(State) _____				
DATE REC'D BY LOCAL REG. MAY 6 1953		REGISTRAR'S SIGNATURE J. Carl Smith M.D.			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Berger Memorial 4715 Mc'herson								

m & B (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 *Peris D. Dunderberg*
Licensed Embalmer No. 4389

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.