

THE DIVISION OF HEALTH - MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 40186

Registrar's No. 11089

FILED DEC 4 - 1953

BIRTH NO.

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No.

11089

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
b. CITY: (If outside corporate limits, write RURAL and give OR TOWN) ST. LOUIS, MISSOURI		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL		e. STREET ADDRESS (If rural, give location) 8301 S. BROADWAY			
3. NAME OF DECEASED (Type or Print)		a. (First) JOSEPH		b. (Middle) BENISH	
c. (Last) BENISH		4. DATE OF DEATH		NOVEMBER 21, 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 9-23-1905	9. AGE (in years last birthday) 48	IF UNDER 1 YEAR Months 7
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY Auto tire		11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Joseph Benish		13b. MOTHER'S MAIDEN NAME MARY Petrashek	
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) YES NAVY		16. SOCIAL SECURITY 499-12-5869	
17. INFORMANT'S SIGNATURE OR NAME Helen Homeier		ADDRESS 8410 Michigan			
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) Pulmonary emboli ANTECEDENT CAUSES DUE TO (b) Rectal hemorrhages DUE TO (c) Adenocarcinoma of rectum II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND 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)		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? 154X	
22. I hereby certify that I attended the deceased from 11-17-53, 19, to 11-21-53, 19, that I last saw the deceased alive on 11-21-53, 19, and that death occurred at 5:15A m., from the causes and on the date stated above.					
22a. SIGNATURE James K. Cittermanch M.D.			23b. ADDRESS 1515 Lafayette Avenue		23c. DATE SIGNED 11-21-53
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 11-23-1953		24c. NAME OF CEMETERY OR CREMATORY S. S. Peter & Paul Cem. St. Louis	
24d. LOCATION (City, town, or county) (State) Mo		DATE REC'D BY LOCAL REG. NOV 23 1953		REGISTRAR'S SIGNATURE (Carl Smith) M.D. WINGBERMUEHLE	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS 3819 S. GRAND BVD			

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 15 19

**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 .....  
Signature of Student Embalmer

Signed *Geo. Houghenwale*

Licensed Embalmer No. *467*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above..