

No. 300
10-48

FILED MAY 6 1954

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **13175**
Registrar's No. **3763**

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

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) St. Louis		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN St. Louis
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony Hospital		e. STREET ADDRESS (If rural, give location) 5252 Mardel Ave.	

3. NAME OF DECEASED (Type or Print) FRANCES (FANNIE) BENEKE			4. DATE OF DEATH (Month) (Day) (Year) Apr. 26 1954		
a. (First)		b. (Middle)	c. (Last)		

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Aug. 5, 1858		9. AGE (in years last birthday) 95	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 14 HRS. Hours	IF UNDER 14 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Carlyle, Ill.		12. CITIZEN OF WHAT COUNTRY?	
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13a. FATHER'S NAME Andrew Wilford		13b. MOTHER'S MAIDEN NAME Theresa Wunsch		14. NAME OF HUSBAND OR WIFE Late Julius J. Beneke	
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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 Louise Bremer		ADDRESS 5252 Mardel Ave.	
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18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Cerebral Hemorrhage		1 day	
		ANTECEDENT CAUSES		Fracture right hip			
		MORIBUND CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)		Nephritis	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?		YES <input type="checkbox"/> NO <input type="checkbox"/>	

21a. PLACE OF SUICIDE OR HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) E903.0	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 4 24 1954 5:00			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? patient slipped on wax floor	
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22. I hereby certify that I attended the deceased from **4-20-54**, 1954, to **4-26-54**, 1954, (last day the deceased alive on **4/25**, 1954, and that death occurred at **1:00 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Walter Kelley M.D.		(Degree or title)		23b. ADDRESS 9915 Grandview Blvd		23c. DATE SIGNED April 26	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr. 28, 1954		24c. NAME OF CEMETERY OR CREMATORY S/S Peter & Paul Cem.		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
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DATE REC'D BY LOCAL REG. APR 26 1954		REGISTRAR'S SIGNATURE Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser		ADDRESS 4228 S. Kingshighway Bl.	
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(Licensed Embalmer's Statement on Reverse Side)

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, Student Embalmer No..... working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed..... *Richard W. Storrs*

Licensed Embalmer No..... *40*

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.