

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38547**

FILED DEC 13 1954

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10033**

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (If outside corporate limits, write RURAL and give town) **St. Louis**
 c. LENGTH OF STAY (In this place) **3 1/2 weeks**
 d. FULL NAME OF HOSPITAL OR INSTITUTION **New Faith Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE **Missouri** b. COUNTY **St. Louis**
 c. CITY OR TOWN **Riverview**
 d. Is Residence within limits of a city or incorporated town? Yes No
 e. STREET ADDRESS (If rural, give location) **152 Habeck Drive**

3. NAME OF DECEASED
 a. (First) **Anna** b. (Middle) _____ c. (Last) **Benhardt**
 4. DATE OF DEATH (Month) **Nov** (Day) **3** (Year) **1954**

5. SEX **Female** **6. COLOR OR RACE** **White** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** **Widow**
8. DATE OF BIRTH **Nov 13 1881** **9. AGE** (In years last birthday) **72** **IF UNDER 1 YEAR** Months _____ **IF UNDER 24 HRS.** Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife**
10b. KIND OF BUSINESS OR INDUSTRY **At Home**
11. BIRTHPLACE (City and State or Foreign Country) **St. Louis Missouri**
12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **William Kerls** **13b. MOTHER'S MAIDEN NAME** **Charlotte Heckelman** **14. NAME OF HUSBAND OR WIFE** **Deceased**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. **Unknown** **17. INFORMANT'S SIGNATURE OR NAME** **Mrs. Estelle Farrell** **ADDRESS** **4306 Lindscott**

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Chronic Papillary Myeloid**
 ANTECEDENT CAUSES **Chronic Nephritis**
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) _____
 DUE TO (c) **Hepatitis & obstructive jaundice**

II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.
Probable Cancer of head of pancreas

19a. DATE OF OPERATION _____ **19b. MAJOR FINDINGS OF OPERATION** _____ **20. AUTOPSY?** YES NO

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** NOT WHILE AT WORK **21f. HOW DID INJURY OCCUR?** **260X**

22. I hereby certify that I attended the deceased from **Aug 15, 1954**, to **Nov 3, 1954**, that I last saw the deceased alive on **Nov 3, 1954**, and that death occurred at **1:30 pm.**, from the causes and on the date stated above.

23a. SIGNATURE **L. G. Richter, M.D.** (Degree or title) **23b. ADDRESS** **114 S Central** **23c. DATE SIGNED** **Nov 4 - 54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** **24b. DATE** **Nov 6 1954** **24c. NAME OF CEMETERY OR CREMATORY** **St. John's Cemetery** **24d. LOCATION** (City, town, or county) (State) **St. Louis County Missouri**

DATE REC'D BY LOCAL REG. **NOV 5 1954** **REGISTRAR'S SIGNATURE** **J. Carl Smith, M.D.** **25. FUNERAL DIRECTOR'S SIGNATURE** **Math Hermann & Son, Inc.,** **ADDRESS** **2161 E. Fair Av**

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 *Clement McHenry*.....

Licensed Embalmer No. *373*.....

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.