

FILED DEC 16 1954

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

State File No. 10545  
Registrar's No. 10545

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 Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 2 days		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Truman Desloge Hospital		e. STREET ADDRESS (If rural, give location) 2199 210 N. Sarah 0			
3. NAME OF DECEASED a. (First) HARRY b. (Middle) HENRY c. (Last) BENNINGER			4. DATE OF DEATH (Month) (Day) (Year) Nov 18 1954		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan. 1, 1900		9. AGE (In years last birthday) 54 yrs
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) elevator operator		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Albert Benninger		13b. MOTHER'S MAIDEN NAME Anna Stebe	
14. NAME OF HUSBAND OR WIFE Mildred Benninger		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW I		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Mildred Benninger		17. ADDRESS 210 N. Sarah			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Renal failure - uremia		DUE TO (b) prolonged shock following			2 days
DUE TO (c) perforation of duodenal ulcer					3 days
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					3 1/2 + days
19a. DATE OF OPERATION Nov. 16, 1954		19b. MAJOR FINDINGS OF OPERATION Perforation of duodenal ulcer - severe peritonitis			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 541.1	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) None		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? none	

22. I hereby certify that I attended the deceased from Nov. 16, 1954, to Nov. 18, 1954, that I last saw the deceased alive on Nov. 18, 1954, and that death occurred at 10:10 P. m., from the causes and on the date stated above.

23a. SIGNATURE Jack Zuckerman		(Degree or title) M.D.		23b. ADDRESS 4500 Olive St. St. Louis, Mo.		23c. DATE SIGNED 11-19-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11-22-54		24c. NAME OF CEMETERY OR CREMATORY National Cemetery		24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.	
DATE REC'D BY LOCAL REG. NOV 19 1954		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE M. J. B.		ADDRESS 1926 Allen	

(Licensed Embalmer's Statement of Reverse Side)

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

No. 300  
10.48

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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 *Reinhold K. Lehman* .....

Licensed Embalmer No. *339* .....

P. O. Address .....

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.