

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43434

FILED JAN 18 1955

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11590**

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).                                    |  |
| b. CITY (If outside corporate limits, write RURAL and give town(ship))<br>OR TOWN <b>St. Louis Mo.</b> |  | c. CITY OR TOWN <b>St. Louis Mo.</b>  |  |
| c. LENGTH OF STAY (In this place)  |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4385 Maryland Bernard Nurseing Home</b>                     |  | e. STREET ADDRESS (If rural, give location)<br><b>19 4385 Maryland T</b>  |  |

|                                     |            |             |                |                                       |
|-------------------------------------|------------|-------------|----------------|---------------------------------------|
| 3. NAME OF DECEASED (Type or Print) | a. (First) | b. (Middle) | c. (Last)      | 4. DATE OF DEATH (Month) (Day) (Year) |
| <b>BEN</b>                          |            |             | <b>BENNETT</b> | <b>12 19 1954</b>                     |

|             |                  |  |                     |                                 |                        |                      |                       |                      |
|-------------|------------------|--|---------------------|---------------------------------|------------------------|----------------------|-----------------------|----------------------|
| 5. SEX      | 6. COLOR OR RACE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH    | 9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | IF UNDER 24 HRS Days | IF UNDER 24 HRS Hours | IF UNDER 24 HRS Min. |
| <b>male</b> | <b>White</b>     | <b>widowed</b>   | <b>Oct 20, 1864</b> | <b>90</b>                       |                        |                      |                       |                      |

|   |                                   |  |                              |
|---|-----------------------------------|--|------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) | 12. CITIZEN OF WHAT COUNTRY? |
| <b>Merchant</b>   | <b>Retired</b>                    | <b>Russia</b>                                      | <b>6</b>                     |

|                        |                           |                                  |
|------------------------|---------------------------|----------------------------------|
| 13a. FATHER'S NAME     | 13b. MOTHER'S MAIDEN NAME | 14. NAME OF HUSBAND OR WIFE      |
| <b>Charles Bennett</b> | <b>Unknown</b>            | <b>Fannie Bennett (DECEASED)</b> |

|  |                         |                                   |                        |
|--|-------------------------|-----------------------------------|------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME | ADDRESS                |
| <b>no</b>  | <b>none</b>             | <b>Charles Bennett</b>            | <b>#11 Lake Forest</b> |

|  |   |  |                                  |
|--|---|--|----------------------------------|
| 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)   | <b>Burckhopneumonia</b>   |  | <b>1 week</b>                    |
| ANTECEDENT CAUSES  | DUE TO (b)  |  |                                  |
| Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | <b>arteriosclerosis - Pichets</b>   |  |                                  |
|  | DUE TO (c)  |  |                                  |
| II. OTHER SIGNIFICANT CONDITIONS   | Conditions contributing to the death but not related to the disease or condition causing death. |  |                                  |

|                        |                                  |  |
|------------------------|----------------------------------|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <b>491X</b> |
|---|--|--|

22. I hereby certify that I attended the deceased from 19 35, to the present time, 1954, that I last saw the deceased alive on 12-19-54, and that death occurred at 3A m., from the causes and on the date stated above.

|                                  |                     |                  |
|----------------------------------|---------------------|------------------|
| 23a. SIGNATURE (Degree or title) | 23b. ADDRESS        | 23c. DATE SIGNED |
| <b>Adolf Feldman M.D.</b>        | <b>634 N. Grand</b> | <b>12-20-54</b>  |

|   |                 |                                    |   |
|---|-----------------|------------------------------------|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | 24b. DATE       | 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) (State) |
| <b>Burial</b>                             | <b>12/20/54</b> | <b>Mt. Sinai</b>                   | <b>St. Louis Co Mo.</b>                       |

|   |  |   |                                  |
|---|--|---|----------------------------------|
| DATE REC'D BY LOCAL REG. <b>DEC 21 1954</b> | REGISTRAR'S SIGNATURE <b>W. Smith MO</b> | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Wayer</b> | ADDRESS <b>4356 Lindell Blvd</b> |
|---|--|---|----------------------------------|

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

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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.....  
*John J. Hains*

Licensed Embalmer No. 4108

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.**