

FILED FEB 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5986

318

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BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, write RURAL and give town or town) St. Louis
c. LENGTH OF STAY (In this place) 0
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Missouri
b. COUNTY St. Louis
d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION H omer G. Phillips Hosp
e. STREET ADDRESS (If rural, give location) 2279 2847 Delmar Blvd.

3. NAME OF DECEASED (Type or Print)
a. (First) Call ie
b. (Middle) _____
c. (Last) BENNETT
4. DATE OF DEATH (Month) (Day) (Year) Feb. 4, 1955

5. SEX Female
6. COLOR OR RACE Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH June 1, 1886
9. AGE (In years last birthday) 68
IF UNDER 1 YEAR: Months _____ Days _____
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 _____
11. BIRTHPLACE (City and State or Foreign Country) Nashville, Tenn.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Tom Briggs
13b. MOTHER'S MAIDEN NAME Julia - Unavailable
14. NAME OF HUSBAND OR WIFE George Bennett

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 Claude Jones, 2847 Delmar Blvd. ADDRESS _____

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) Generalized Arteriosclerosis
Essential Hypertension
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Cerebral Thrombosis; Lung Abscess
Chronic Pyelonephritis
INTERVAL BETWEEN ONSET AND DEATH
Undt.

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? 447X

22. I hereby certify that I attended the deceased from 1-15 1955, to 2-4, 1955, that I last saw the deceased alive on 2-4, 1955, and that death occurred at 4:55 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Edu. B. Williams, M.D.
23b. ADDRESS 2601 N. Whittier
23c. DATE SIGNED 2-7-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 2/7/55
24c. NAME OF CEMETERY OR CREMATORY Oak Dale Cemetery
24d. LOCATION (City, town, or county) (State) Jefferson, Missouri

DATE REC'D BY LOCAL REG. FEB 7 1955
REGISTRAR'S SIGNATURE Charles Smith Mo
25. FUNERAL DIRECTOR'S SIGNATURE Cunningham & Moore, 2405 Marcus Ave. ADDRESS _____

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.....
John X Cunningham

Licensed Embalmer No...4476.

P. O. Address 2405 Marcus A

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.