

FILED JUN 13 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15102

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 113 PRIMARY REG. DIST. NO. 5430 Registrar's No. 526

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Central</u>		c. LENGTH OF STAY (In this place) <u>Years</u>	c. CITY OR TOWN <u>Rural</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Clair Mo. P.H. 2</u>		e. STREET ADDRESS (If rural, give location) <u>St. Clair - Mo. P.H. 2</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Lawrence</u> c. (Last) <u>Benschling</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June - 8 1955</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 30. 1877</u>	9. AGE (In years last birthday) Months Days <u>77 5 9</u>	IF UNDER 1 YEAR Hours Min. <u>0 0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Wood Worker -</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Wood Turner</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Mo -</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Louis Benschling</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Schneider</u>	14. NAME OF HUSBAND OR WIFE <u>Sophia</u>
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Emily Van Hagen - 4121 McDonald - Mo</u>	ADDRESS <u>St. Louis</u>
---	--	--	-----------------------------

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Psychostitis</u>		<u>2 years -</u>
	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. <u>General Arteriosclerosis</u>		<u>Years</u>	

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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

22. I hereby certify that I attended the deceased from Feb -, 1952, to June 8, 1955, that I last saw the deceased alive on June 7, 1955, and that death occurred at 10 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. W. E. Ketchum - M.D.</u>	(Degree or title)	23b. ADDRESS <u>St. Clair Mo</u>	23c. DATE SIGNED <u>6-9-55</u>
---	-------------------	-------------------------------------	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 10</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mount Olivet Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo</u>
--	-----------------------------	--	--

DATE REC'D BY LOCAL REG. <u>June 9 - 55</u>	REGISTRAR'S SIGNATURE <u>Floyd Williams</u>	511-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>Sherron K. Mitchell</u>	ADDRESS <u>St. Clair, Mo.</u>
--	--	-------	--	----------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

360

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 *Sherwood W. Mitchell*.....

Licensed Embalmer No. *38...*

P. O. Address *St. Clair*.....

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.