

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **35316**

FILED OCT 25 1955

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **531** Registrar's No. **2285**

7006

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

1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give township) U. City		c. LENGTH OF STAY (in this place) 1 yr	c. CITY (If outside corporate limits, write RURAL and give township) University City		4346
d. FULL NAME OF HOSPITAL OR INSTITUTION 7156 Amherst			d. STREET ADDRESS (If rural, give location) 7156 Amherst.		
3. NAME OF DECEASED (Type or Print) a. (First) Theresa b. (Middle) Bennace c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Sept. 30, 1955		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Feb. 2, 1887	9. AGE (In years last birthday) 68	# UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY own house	11. BIRTHPLACE (City and State or Foreign Country) Italy		12. CITIZEN OF WHAT COUNTRY? Italy	
13a. FATHER'S NAME Vincenzo Lodotto		13b. MOTHER'S MAIDEN NAME Antionette Cassara		14. NAME OF HUSBAND OR WIFE Frank Bennace	
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. NO	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mary Bennace 7156 Amherst.			
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) Degenerative Heart Disease Anterior Fibrillation ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____ Morbid conditions, if any, giving rise to the above cause (a) starting the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH Since 1945
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4331			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)	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 April 18, 1945 , to Sept. 30, 1955 , that I last saw the deceased alive on Aug. 13, 1955 , and that death occurred at 1 P.M. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Lawrence D. Thompson M.D.			23b. ADDRESS 504 No. Grand Blvd.		23c. DATE SIGNED 10-3-55
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE Oct. 3, 1955	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		
DATE REC'D BY LOCAL REG. 10-3-55	REGISTRAR'S SIGNATURE Herbert R. Dombek		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS P. Miceli 1150 No. Kingshighway		

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
Student Embalmer

Signed Elmo R. Padwell

Licensed Embalmer No. 4077

P. O. Address St Louis, Mo.

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 this body is not embalmed, fact should be so stated above.