

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41816

FILED JAN 17 1956

State File No.

BIRTH NO. REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11576**

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, MISSOURI		c. LENGTH OF STAY (in this place) 2 days		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL #1.		e. STREET ADDRESS (If rural, give location) 19 4127 Laclede			

21970

3. NAME OF DECEASED (Type or Print) GUS BENSE			4. DATE OF DEATH (Month) (Day) (Year) DECEMBER 30, 1955		
a. (First)		b. (Middle)		c. (Last)	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH October 18, 1884	
9. AGE (In years last birthday) 71		10. IF UNDER 1 YEAR (Days) 2		11. IF UNDER 2 HRS. (Hours) (Min.) 12	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Invalid-6 years		10b. KIND OF BUSINESS OR INDUSTRY Carpenter		11. BIRTHPLACE (City and State or Foreign Country) Red Bud, Illinois	
12. CITIZEN OF WHAT COUNTRY? U. S. A.					

13a. FATHER'S NAME Fred Bense		13b. MOTHER'S MAIDEN NAME Sophie Bense		14. NAME OF HUSBAND OR WIFE (not related) Irene Dilbeck Bense	
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. 486-16-3244		17. INFORMANT'S SIGNATURE OR NAME Irene Bense	
				ADDRESS 4127 Laclede	

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) Cerebral thrombosis left		DUE TO (b) Cerebral Arteriosclerosis				
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Hypertension 332X				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
		334 X				

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?

22. I hereby certify that I attended the deceased from **12-28**, 19**55**, to **12-30**, 19**55**, that I last saw the deceased alive on **12-30**, 19**55**, and that death occurred at **1:10 P.** m., from the causes and on the date stated above.

23a. SIGNATURE Miles D. Miller M.D.		23b. ADDRESS 1515 LAFAYETTE AVE.		23c. DATE SIGNED 12-30-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Jan. 3, 1956		24c. NAME OF CEMETERY OR CREMATORY St. Matthews Cemetery	
				24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	

DATE REC'D BY LOCAL REG. DEC 31 1955		REGISTRAR'S SIGNATURE J. Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Hoffmeister Colonial Mortuary	
				ADDRESS 6464 Chippewa St. St. Louis 9, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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.....
Louis C. Hoffmeister

Licensed Embalmer No. 38

P. O. Address 7814 St.

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.