

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42940**

FILED JAN 12 1956

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **547** Registrar's No. **3081**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL, and give OR TOWN Richmond Heights) c. LENGTH OF STAY (in this place) 3 days		c. CITY OR TOWN Vinita Park / 4270 d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital		e. STREET ADDRESS (If rural, give location) 8211 Flora Avenue	

3. NAME OF DECEASED (Type or Print) WILLIAM BENNETT			4. DATE OF DEATH December 28, 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 June 26, 1885	9. AGE (In years last birthday) 70	10 UNDER 1 YEAR Months	1 YEAR Days	IF UNDER 24 HRS. Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Building Contractor			10b. KIND OF BUSINESS OR INDUSTRY Concrete		11. BIRTHPLACE (City and State or Foreign Country) Anaconda, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Robert Cummings	13b. MOTHER'S MAIDEN NAME Margaret Ennis	14. NAME OF HUSBAND OR WIFE Nannie Bennett
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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. 488-18-1130	17. INFORMANT'S SIGNATURE OR NAME Nannie Bennett, 8211 Flora Avenue	ADDRESS
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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) Acute Myocardial Infarction 3 days		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CORONARY Heart Disease 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"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Dec 26, 1955**, to **Dec 28, 1955**, that I last saw the deceased alive on **Dec 28, 1955**, and that death occurred at **11 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Vincent Townsend MD	23b. ADDRESS 3101^a Sutton Ave Maplewood, Mo	23c. DATE SIGNED 12.30.55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Dec. 31, 1955	24c. NAME OF CEMETERY OR CREMATORY Brush Creek Cemetery	24d. LOCATION (City, town, or county) (State) Gray Summit, Missouri
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DATE REC'D BY LOCAL REG. 12-30-55	REGISTRAR'S SIGNATURE Herbert R. Lombard MD	25. FUNERAL DIRECTOR'S SIGNATURE Stock Mortuary, 889 S. Brentwood Bl	ADDRESS Clayton 5, Missouri
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

3101 A Sutton
M 5 3260
3/2/14

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..... *Paul A. Wichter*

Licensed Embalmer No. *478*

P. O. Address *Harris*

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.