

Health, Welfare and Public Service  
 300  
 -56  
 Coroner cannot certify to a death due to natural causes...  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
 diseases in Part I must be casually related.

FILED FEB 21 1957

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

6001

Registration District No. **318** Primary Registration District No. **1003** STATE FILE NUMBER **753**  
 Registrar's No. **753**

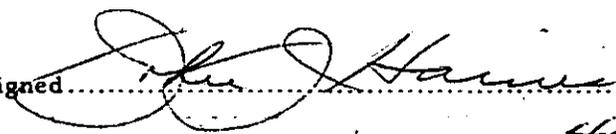
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Overland</b> <b>4220</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>DePaul Hospt.</b>			Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <b>3569 Calvert Ave.</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Henry</b> Middle <b>Benoist</b> Last <b>Benoist</b>				4. DATE OF DEATH Month <b>1</b> Day <b>22</b> Year <b>57</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH <b>6-29-1874</b>	9. AGE (In years last birthday) <b>82</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Self Emp.</b>		11. BIRTHPLACE (City and state or country) <b>St. Louis Co., Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>Michael Benoist</b>				14. MOTHER'S MAIDEN NAME <b>Julia DeVerise</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		(If yes, give war or dates of service) <b>*****</b>		16. SOCIAL SECURITY NO. <b>Unk</b>		17. INFORMANT <b>Bryna Benoist</b> Address <b>7100 Forest Hill</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Broncho pneumonia</b> DUE TO (b) <b>chronic bronchitis</b> (c) <b>arteriosclerotic Heart Disease</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I. (a)						INTERVAL BETWEEN ONSET AND DEATH <b>2 wks.</b> <b>10 yrs.</b>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour <b>5:00</b> Month <b>1</b> Day <b>23</b> Year <b>57</b> a. m. <b>00</b> p. m. <b>00</b>							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <b>1-3-57</b> to <b>1-22-57</b> and last saw <sup>him</sup> <del>her</del> alive on <b>1-22-57</b> Death occurred at <b>1:45p</b> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>Donald L. Oatter, MD</b>				22b. ADDRESS <b>730 HODIAMONT</b>		22c. DATE SIGNED <b>1-23-57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>1-25-57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Ferdinand Cem.</b>		23d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Mo.</b>		
24. FUNERAL DIRECTOR <b>J.W. Clark F.H. 1125</b> ADDRESS <b>Hodiamont Ave</b>				25. DATE RECD. BY LOCAL REG. <b>JAN 24 '57</b>		26. REGISTRAR'S SIGNATURE <b>J. Earl Smith MD</b>	

(Licensed Embalmer's Statement on Reverse Side)

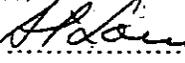
STATEMENT BY LICENSED EMBALMER

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  .....

Licensed Embalmer No. 41

P. O. Address 

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.