Health, Welfare Public Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED MAY 24 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

18440

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4408

| | |
|---|---|
| 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, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes ☒ No ☐ | c. CITY OR TOWN St. Louis — Inside Limits Yes ☒ No ☐ |
| c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Jewish Hospital — Length of stay in 1b 4 days | d. STREET ADDRESS (If outside, give location) 6131 Magnolia Ave. — Reside on Farm Yes ☐ No ☒ |

| | | | |
|---|---|---|---|
| 3. NAME OF DECEASED (Type or print) First JAMES Middle RUSSELL Last BENSON | | 4. DATE OF DEATH Month May Day 6th Year 1957 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐ | 8. DATE OF BIRTH Aug. 31, 1875 |
| 9. AGE (In years last birthday) 81 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired Principal | 10b. KIND OF BUSINESS OR INDUSTRY - Public School | 11. BIRTHPLACE (City and state or country) Colfax, Illinois | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13. FATHER'S NAME Cyrus Benson | | 14. MOTHER'S MAIDEN NAME Mary Elizabeth Denman | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) None | 16. SOCIAL SECURITY NO. 488-30-8883 | 17. INFORMANT Address James Benson-6131 Magnolia Avenue | |

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute cardiac dilation — INTERVAL BETWEEN ONSET AND DEATH 6 wks

ac. Cardiac Dilatation

carcinomatosis

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) carcinomatosis

emaciation

DUE TO (c) emaciation

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Ca of stomach — 19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

Ca: Stomach

| | |
|---|---|
| 20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 151 |
| 20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year | |
| 20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 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 May 4, to May 6/57 and last saw her/him alive on May 6

Death occurred at 10:20 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

| | | |
|---|---|---|
| 22a. SIGNATURE Otto J. Wilkelmi (Degree or title) Otto J Wilkelmi MD | 22b. ADDRESS 607N. Grand 607 N Grand Sth (3) Mo | 22c. DATE SIGNED 5/8/57 |

| | | | |
|---|---|---|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) removal | 23b. DATE 5 / 9 / 57 | 23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery | 23d. LOCATION (City, town, or county) (State) St. Louis County, Mo. |
| 24. FUNERAL DIRECTOR ADDRESS C. R. Lupton & Sons 7233 Delmar | | 25. DATE RECD. BY LOCAL REG. MAY 8 '57 | 26. REGISTRAR'S SIGNATURE Earl Smith MD MDB. |

(Licensed Embalmer's Statement on Reverse Side)

2 to 6 PM

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Arnold W. Schoene

Licensed Embalmer No. 38

P. O. Address St. Lou

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.