

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

57 0 2 3 1 4 1  
State File No.

FILED JUL 3 1957

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

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>1377</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis Co.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Manchester, Mo.</u>		c. LENGTH OF STAY (in this place) <u>2 yrs</u>		c. CITY OR TOWN <u>St. Louis</u>		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 (If not in hospital or institution, give street address or location) <u>37 Pine Crest Nursing Home</u>				e. STREET ADDRESS <u>534 N. Grandcenter</u> <u>1910 New Yorker Hotel</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u>		b. (Middle) _____		c. (Last) <u>Benoist</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 27 1957</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>Oct. 5 1876</u>	
9. AGE (In years last birthday) <u>80</u>		10. IF UNDER 1 YEAR Months <u>7</u> Days <u>22</u>		11. IF UNDER 24 HRS. Hours <u>_____</u> Min. <u>_____</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Auto Parts Salesman</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Rock Springs, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Peter Benoist</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Gregory</u>		14. NAME OF HUSBAND OR WIFE <u>Katherine</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY (If yes, give war or dates of service) <u>520-01-0558</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>David R. Davis, 2020 Country Club Dr. Alton</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-Sclerosis</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <u>2</u> 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) <u>4221</u>			
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 <u>May 5, 1957</u> , to <u>May 25, 1957</u> , that I last saw the deceased alive on <u>May 27, 1957</u> , and that death occurred at <u>7 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>R. J. Jensen</u>		(Degree or title) <u>MD</u>		23b. ADDRESS <u>1726 S. Del Norte</u>		23c. DATE SIGNED <u>5/24/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>6/1/57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hopewell M. E. Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Hopewell, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5/31/57</u>		REGISTRAR'S SIGNATURE <u>Heber R. Amke</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis H. Papp, Inc.</u>		ADDRESS <u>Kickwood</u>	

**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: *Francis J. Highland*

Licensed Embalmer No. *457*

P. O. Address *Richardson, Tex.*

**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.