

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-016764

STATE FILE NUMBER

FILED APR 21 1958

Registration District No. 317 Primary Registration District No. 545 Registrar's No. 983

300  
1-57

1004

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> <b>ST. LOUIS</b>	
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) <b>Maplewood</b>		c. CITY OR TOWN <b>Maplewood</b> <b>4534</b> <b>10</b>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Res. 2233 Yale</b>		d. STREET ADDRESS (If outside, give location) <b>2233 Yale</b>	
3. NAME OF DECEASED (Type or print) First <b>MARIAN</b> Middle <b>FRANCES</b> Last <b>BENNETT</b>		4. DATE OF DEATH Month <b>April</b> Day <b>6</b> Year <b>1958</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>July 24, 1876</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	9. AGE (In years last birthday) <b>81</b> yrs 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>
11a. BIRTHPLACE (City and state or country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>James W. Evans</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Silence</b>	
14. NAME OF HUSBAND OR WIFE <b>Edmond B. Bennett</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT Address <b>Mrs. Helen M. Mace 2233 Yale</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>Posterior Myocardial Infarction</b> DUE TO (b) <b>Hypertensive Cardiovascular Heart Disease</b> DUE TO (c) <b>8 mo</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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>1 1/2 days</b>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>4201</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>a.m.</b> Month, Day, Year <b>p.m.</b>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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>April 5, 1958</b> to <b>April 5, 1958</b> and last saw her alive on <b>April 5, 1958</b> Death occurred at <b>10:20 P.M.</b> on the date stated above; and to the best of my knowledge from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Charles A. Dall</b>		22b. ADDRESS <b>7546a Manchester Maplewood 17, MO.</b>	
22c. DATE SIGNED <b>4-7-58</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>4/9/58</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Lebanon</b>		23d. LOCATION (City, town, or county) (State) <b>St. Louis County</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Alexander &amp; Sons, Inc.</b>		25. DATE RECD. BY LOCAL REG. <b>4-8-58</b>	
26. REGISTRAR'S SIGNATURE <b>Herbert P. Donke M.D.</b>			

*Ph Foster Dill*  
*73 46 A manchester*

*1-4, P.M*

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 *J. S. E. McCallon*

Licensed Embalmer No. *2462*

P. O. Address *6175 Dill*

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.