

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-042807  
STATE FILE NUMBER

S. 300  
v. 1-56

FILED DEC 1 1958 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3049

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|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>St. Louis</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Normandy</b>                            |  | c. CITY OR TOWN <b>Normandy</b> 4181  |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>3300 Lucas &amp; Hunt Rd.</b> |  | d. STREET ADDRESS (If outside, give location) <b>3300 Lucas &amp; Hunt Road</b>   |  |
| Length of stay in lb <b>54-yrs.</b>  |  | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |  |

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

|   |                               |   |   |   |  |
|---|-------------------------------|---|---|---|--|
| 3. NAME OF DECEASED (Type or print)<br>First <b>Alfred</b> Middle <b>De</b> Last <b>Benedetty</b>                     |                               |   | 4. DATE OF DEATH<br>Month <b>Nov.</b> Day <b>21</b> Year <b>1958</b>  |   |  |
| 5. SEX<br><b>M.</b>   | 6. COLOR OR RACE<br><b>W.</b> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>March 16, 1878</b>   | 9. AGE (In years last birthday) <b>80</b>                             | IF UNDER 1 YEAR IF UNDER 24 HRS.<br>Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Retired Builder</b> |                               | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Construction</b>  |   | 11. BIRTHPLACE (City and state or country)<br><b>Grenovle, France</b> |  |
| 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.</b>   |                               |   | 13. FATHER'S NAME<br><b>Charles DeBenedetty</b>   |   |  |
| 14. MOTHER'S MAIDEN NAME<br><b>Unknown</b>  |                               |   | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b> |   |  |
| 16. SOCIAL SECURITY NO.<br><b>-</b>   |                               | 17. INFORMANT Address<br><b>Mrs. Eugenie DeBenedetty, 3300 Lucas &amp;</b>  |   |   |  |

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| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Hunt Road, Normandy</b><br><b>Hemorrhage - from splenic artery</b> |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>2 hrs.</b>   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.   | DUE TO (b) <b>Cirrhosis of the liver</b>       | <b>3 yrs.</b>   |
|  | DUE TO (c) <b>Generalized arteriosclerosis</b> | <b>10 yrs</b>   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)<br><b>5810</b>  |  | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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|--|--|---|
| 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<br>Hour <b>2:15</b> Month <b>Nov.</b> Day <b>21</b> Year <b>1958</b><br>a. m. p. m.  |  |   |
| 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>November 14, 1958</b> to <b>Nov. 21, 1958</b> and last saw <sup>her</sup> him alive on <b>Nov. 15, 1958</b><br>Death occurred at <b>2:15 am.</b> m on the date stated above; and to the best of my knowledge, from the causes stated |  |   |

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| 22a. SIGNATURE (Degree or title)<br><b>Alfred J. Nonneley, M.D.</b>                | 22b. ADDRESS<br><b>634 N. Grand St. St. Louis 3 Mo.</b> | 22c. DATE SIGNED<br><b>11-21-58</b>                                 |
| 23a. BURIAL, CREMATION, OR OTHER DISPOSITION (Specify)<br><b>EMERALD</b>           | 23b. DATE<br><b>Nov. 24, 1958</b>                       | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Memorial Park Cemetery</b> |
| 23d. LOCATION (City, town, or county) (State)<br><b>St. Louis County, Missouri</b> |   |   |

|   |   |   |
|---|---|---|
| 24. GENERAL DIRECTOR ADDRESS<br><b>Alfred J. Nonneley, 30 Lindell Blvd.</b> | 25. DATE RECD. BY LOCAL REG.<br><b>11-21-58</b> | 26. REGISTRAR'S SIGNATURE<br><b>Herbert R. Alonky, M.D.</b> |
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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 Williamson*

Licensed Embalmer No. 350

P. O. Address 3840 Le...

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