

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-012348

FILED VS MAR 17 1960

STATE FILE NUMBER

2 2414

ENDED

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST. LOUIS MO</i>		Length of stay in 1b	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>3707^a S. BROADWAY</i>		d. STREET ADDRESS (If outside, give location) <i>3707^a S. BROADWAY</i>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>RICHARD BENNING</i>		4. DATE OF DEATH Month Day Year <i>MARCH 1 1960</i>	
5. SEX <i>MALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>AUG. 23 1959</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <i>-</i>	9. AGE (last birthday) <i>-</i>
13a. FATHER'S NAME <i>RICHARD BENNING</i>		13b. MOTHER'S MAIDEN NAME <i>Louise Weiner</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <i>-</i>	
17. INFORMANT <i>RICHARD BENNING</i>		Address <i>3707^a S. BROADWAY</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Bilateral lobar Pneumonia</i>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			<i>490x</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	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 a.m. p.m. Month, Day, Year			
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 _____ to _____ and last saw her/him alive on _____ Death occurred at <i>110A</i> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Richard Benning</i>		22b. ADDRESS <i>1300 Clark</i>	22c. DATE SIGNED <i>3-1-60</i>
23a. BURIAL, CREMATION, OR REMOVAL (Specify)	23b. DATE <i>MAR. 4 1960</i>	23c. NAME OF CEMETERY OR CREMATORY <i>NEW ST. MARCUS</i>	23d. LOCATION (City, town, or county) (State) <i>ST. LOUIS MO</i>
24. FUNERAL DIRECTOR <i>Thomas Lutes 2906 Lewis</i>		25. DATE RECD. BY LOCAL REG. <i>MAR 1 1960</i>	26. REGISTRAR'S SIGNATURE <i>Karl Smith, M.D.</i>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Eleana Province

Licensed Embalmer No. 340

P. O. Address 2906 Grown

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.