JRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS SEP 2 1960 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8063 60-031878 STATE FILE NUMBER

NDED

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b: 2 Day's
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Lukes Hospital
Inside Limits: Yes # No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis
c. CITY OR TOWN: Woodson Terrace
Inside Limits: Yes # No
d. STREET ADDRESS (If outside, give location): 9435 Bataan Dr.
Reside on Farm: Yes No #

3. NAME OF DECEASED (Type or print): First Carl Middle Christopher Last Bennett
4. DATE OF DEATH: Month 8 Day 14 Year 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married Never Married # Widowed Divorced
8. DATE OF BIRTH: 8/12/1960
9. AGE (last birthday): IF UNDER 1 YEAR Months Days 2 IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life): ##########
10b. KIND OF BUSINESS OR INDUSTRY: ##########
11. BIRTHPLACE (City and state or country): St. Louis Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Carl Bennett
13b. MOTHER'S MAIDEN NAME: Margaret Durrwachter
14. NAME OF HUSBAND OR WIFE: Single

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Carl Bennett Address: 9435 Bataan Dr.

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): atelectasis — Atelectasis — INTERVAL BETWEEN ONSET AND DEATH: 18 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): prematurity — Prematurity
DUE TO (c): 762.5

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. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO #
20a. ACCIDENT SUICIDE HOMICIDE
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 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 8-12-60 to 8-14-60 and last saw her/him alive on 8-14-60
Death occurred at 5 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: A. T. Esslinger (Degree or title) M.D.
22b. ADDRESS: 457 No. Kingshighway
22c. DATE SIGNED: 8-15-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 8/16/1960
23c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis Co., Missouri

24. FUNERAL DIRECTOR: Collier Mortuary, St. Ann, Mo.
ADDRESS
25. DATE RECD. BY LOCAL REG.: AUG 16 1960
26. REGISTRAR'S SIGNATURE: Hoard Smith, M.D.

DOCUMENT

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 _____ Signed Sheldon Collie

Signature of Student Embalmer

Licensed Embalmer No. 338

P. O. Address St. Ann

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