

MISSOURI DIVISION OF PUBLIC HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

318

Primary Registration District 1003

Registrar's No.

1097

61-002829

STATE FILE NUMBER

AMENDED

Registration District No. 318

Primary Registration District 1003

Registrar's No.

FILED VS FEB 9 1961

1. PLACE OF DEATH  
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis  
Length of stay in 1b 1 1/2 wks

c. CITY OR TOWN Webster Groves  
Inside Limits Yes  No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hospital  
Inside Limits Yes  No

d. STREET ADDRESS (If outside, give location) 111 Wilshusen  
Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last  
Carolyn M. Benson

4. DATE OF DEATH Month Day Year  
Feb. 1st. 1961

5. SEX Female

6. COLOR OR RACE White

7. Married  Never Married   
Widowed  Divorced

8. DATE OF BIRTH 2-11-1884

9. AGE (last birthday) 76

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Housewife

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (City and state or country) Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME James Mitchell

13b. MOTHER'S MAIDEN NAME Imogene Sullivan

14. NAME OF HUSBAND OR WIFE Robey W. Benson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  
No

16. SOCIAL SECURITY NO. None

17. INFORMANT Robey W. Benson,

Address Above

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) arteriosclerotic heart disease  
DUE TO (b) coronary arteriosclerosis  
DUE TO (c) 420.1

INTERVAL BETWEEN ONSET AND DEATH  
5 yrs  
5 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
Diabetes mellitus

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 Month, Day, Year  
a.m. p.m.

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 1948 to 1961 and last saw her <sup>him</sup> alive on Feb. 1, 1961  
Death occurred at 7.30 P on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Barnett L. Tausig M.D.

22b. ADDRESS 4500 Olive St.

22c. DATE SIGNED Feb. 2 61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 2-4-1961

23c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery

23d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.

24. FUNERAL DIRECTOR ADDRESS JAY B. SMITH, Maplewood, Mo.

25. DATE RECD. BY LOCAL REG. FEB 3 1961

26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

**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 Melvin Barton

Licensed Embalmer No. 4903

P. O. Address St. Louis

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.