

**SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-61-046069**

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **11434** STATE FILE NUMBER

**FILED DEC 18 1961**

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **ST. LOUIS, MO.** Length of stay in 1b \_\_\_\_\_  
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **ST. LOUIS CITY HOSP. #1** Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Missouri** b. COUNTY \_\_\_\_\_  
c. CITY OR TOWN **St. Louis** Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) **3400 S. Grand** Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last  
**ALEXANDER** \_\_\_\_\_ **BENE** \_\_\_\_\_  
4. DATE OF DEATH Month Day Year  
**12 6 61**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married  Never Married  Widowed  Divorced   
8. DATE OF BIRTH **11-15-1876** 9. AGE (last birthday) **85** 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) **Insurance Salesman** 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 **Henry Bene** 13b. MOTHER'S MAIDEN NAME **Magdalena Walk** 14. NAME OF HUSBAND OR WIFE \_\_\_\_\_

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No** 17. INFORMANT **Loretta Temm R. #1 Troy, Mo.** Address \_\_\_\_\_

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) **Pulmonary Edema**  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Bronchogenic Carcinoma**  
DUE TO (c) **1621**  
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 **12/1/61** to **12/6/61** and last saw <sup>her</sup>him alive on **12/6/61**  
Death occurred at: **11:50 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **John McGarough M.D.** (Degree or title) 22b. ADDRESS **1515 LAFAYETTE AVE.** 22c. DATE SIGNED **12/6/61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **12-9-1961** 23c. NAME OF CEMETERY OR CREMATORY **SS Peter & Paul Cemetery** 23d. LOCATION (City, town, or county) (State) **St. Louis Co., Mo.**

24. FUNERAL DIRECTOR **Ortmann F. Home** ADDRESS **9222 Lackland, Overland, Mo.** 25. DATE RECD. BY LOCAL REG. **DEC 8 1961** 26. REGISTRAR'S SIGNATURE **Loan Smith, M.D.**

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

*Sam Stipanovic*

Licensed Embalmer No. *770 8 8*

P. O. Address *Overland, 0*

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.