

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-046070
STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **12326**

1. PLACE OF DEATH
a. COUNTY **MISSOURI** b. COUNTY **St. Louis**

b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN **ST. LOUIS, MISSOURI** Length of stay in 1b **16 DAYS**

c. CITY OR TOWN **WEBSTER GROVES** Inside Limits Yes No

c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION **VAH, 915 NO. GRAND AVE.** Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) **401 GREELEY** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last **LLOYD B. BENNETT** 4. DATE OF DEATH Month Day Year **12/29/61**

5. SEX **MALE** 6. COLOR OR RACE **WHITE** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **8/29/83** 9. AGE (last birthday) **78** 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) **ARMY OFFICER** 10b. KIND OF BUSINESS OR INDUSTRY **SALEM, ILLINOIS** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **CLIFTON BENNETT** 13b. MOTHER'S MAIDEN NAME **CLARA WILLIAMS** 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) **YES WW-II** 16. SOCIAL SECURITY NO. **---** 17. INFORMANT Address **416 ATLANTA WEBSTER GROVES, MO.** **MARION SCATCERD (DAUGHTER)**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **MYOCARDIAL INFARCTION** INTERVAL BETWEEN ONSET AND DEATH **420-1** MO.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **---** DUE TO (c) **---**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **CEREBROVASCULAR ACCIDENT, PNEUMONIA**

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 **12/13/61** to **12/29/61** and last saw him alive on **12/29/61** Death occurred at **10:30 AM** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Dress or title) **Joseph P. Schaefer, M.D.** 22b. ADDRESS **VAH, ST. LOUIS, MO.** 22c. DATE SIGNED **12/29/61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **1-2-1962** 23c. NAME OF CEMETERY OR CREMATORY **Oak Hill Cemetery** 23d. LOCATION (City, town, or county) (State) **Kirkwood Mo**

24. FUNERAL DIRECTOR ADDRESS **Parker-Aldrich Webster Groves Mo.** 25. DATE RECD. BY LOCAL REG. **JAN 2 1962** 26. REGISTRAR'S SIGNATURE **Loed Smith, M.D.**

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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Leslie Welch

Licensed Embalmer No. 4395

P. O. Address Walter Groves

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.