

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-039994

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10136

STATE FILE NUMBER

VS 300 Rev. 4/59	AMENDED				
1	DATE	AMENDED	INSTEAD OF	DOCUMENT	BY AFFIDAVIT OF
3	DATE	AMENDED	INSTEAD OF	DOCUMENT	BY AFFIDAVIT OF
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12	DATE	AMENDED	INSTEAD OF	DOCUMENT	BY AFFIDAVIT OF
13	DATE	AMENDED	INSTEAD OF	DOCUMENT	BY AFFIDAVIT OF

FILED OCT 29 1962

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Length of stay in 1b <b>2 1/2 weeks</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY		c. CITY OR TOWN <b>Richmond Heights</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Deaconess Hospital</b>				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>1214 Bellevue Ave.</b>				Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>JOSEPH</b> Middle <b>W.</b> Last <b>BENZ.</b>						4. DATE OF DEATH Month <b>October</b> Day <b>22</b> Year <b>1962</b>					
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>12-11-1890</b>		9. AGE (last birthday) <b>71</b>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Operator</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Food Shop</b>		11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>			
13a. FATHER'S NAME <b>Adolph Benz</b>				13b. MOTHER'S MAIDEN NAME <b>Bertha Weiss</b>				14. NAME OF HUSBAND OR WIFE <b>Estelle Narbert Benz</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>				16. SOCIAL SECURITY NO.		17. INFORMANT <b>Estelle Benz,</b> Address <b>above</b>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>MYELITIS</b> DUE TO (b) <b>UNKNOWN CAUSE</b> DUE TO (c) <b>343x</b>										INTERVAL BETWEEN ONSET AND DEATH <b>10 WKS</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>NEUMONIA</b>										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 checked="" 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 <b>SEPT 4/62</b> to <b>SEPT 22/62</b> and last saw her/him alive on <b>SEPT. 21/62</b> Death occurred at <b>1:00 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Degree or title) <i>Richard H. Hays</i> M.D.						22b. ADDRESS <b>110 Central Ave. Clayton 5 Mo.</b>			22c. DATE SIGNED <b>10-22-62</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>10-24-62</b>		23c. NAME OF CEMETERY OR CREMATORY <b>St. Paul's Churchyard</b>				23d. LOCATION (City, town, or county) <b>St. Louis Co., Mo.</b>			
24. FUNERAL DIRECTOR <b>JAY B. SMITH, Maplewood, Mo.</b>						25. DATE RECD. BY LOCAL REG. <b>OCT 23 1962</b>		26. REGISTRAR'S SIGNATURE <i>Robert Smith, M.D.</i>			

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Guerdan Hardy MD  
110 Central

**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 HE Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.