MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

16912
Do not use this space.

REC'D JUN 12 1939

1. PLACE OF DEATH
(a) County ..... Registration District No. 791
(b) Township ..... Primary Registration District No. 1003 Registered No. 4446
(c) City St. Louis Mo (d) Street No. BARNES HOSPITAL St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME DE DANTO, CHRISTINE
(a) Residence, No. 353 St. NR FARMINGTON MO
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Roy Bentley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): February 22, 1892

7. AGE: YEARS 47 MONTHS 2 DAYS 21 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Marion, Illinois.

FATHER
13. NAME: James C. Watson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jefferson City, Missouri.

MOTHER
15. MAIDEN NAME: Augusta Holland
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Marion, Illinois.

17. INFORMANT (ADDRESS): J. P. Bentley, 5476 Delmar Blvd.,

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Marion Illinois DATE: May 15, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Albert H. Hoppe, 4700 Washington Blvd.

20. FILED: MAY 15 1939 J. F. Budich Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from 4-26, 1939, to 5-13, 1939
I last saw her alive on 5-13, 1939 Death is said to have occurred on the date stated above, at 4 45 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia } staph. albus	May 9, 1939
Empyema }	April 23, 1939
Pulmonary tuberculosis	1934
c̄ miliary spread	

Other contributory causes of importance: Spontaneous Pneumothorax

Name of operation: Thoracotomy Date of: 5-11-39
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Robert D. Brookes, M. D.
(Address) BARNES HOSPITAL
Leo Gottlieb, M.D.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

THIS IS A PERMANENT RECORD

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4446

Can be signed

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 .....,

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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 this body is not embalmed, above space should be left blank.