

791

Registration District No.

Primary Registration District No.

Registrar's No.

FILED DEC 17 1940

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3636 Dunnica Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether)
In this community..... 76 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town..... St. Louis 16
(If outside city or town limits, write "RURAL")
(d) Street No. 3636 Dunnica Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A.?..... years.

3. (a) PRINT FULL NAME Mr. George C. Bentzinger

3. (b) If veteran, name war..... 3. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Married
6. (b) Name of husband or wife..... Mrs. Pauline Bentzinger 6. (c) Age of husband or wife if alive. Unk. years
7. Birth date of deceased. October 26th, 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 1 - hr. min.

9. Birthplace..... St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Brush Maker

11. Industry or business..... retired

12. Name George Bentzinger

13. Birthplace Cincinnati, Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Katherine Schnell

15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Pauline Bentzinger

(b) Address 3636 Dunnica Street

17. (a) Burial (b) Date thereof Nov. 29, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn Cemetery

18. (a) Signature of funeral director Edw. W. ...

(b) Address 1936 St. Louis Avenue

19. (a) NOV 29 1940 (b) J. ...
(Date received local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 26th
year 1940 hour 11 minute 20 P. M.

21. I hereby certify that I attended the deceased from
NOV. 15 - 1940 to NOV. 26 - 1940
that I last saw him alive on NOV. 26 - 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage. Right side
Duration 6 Days

Due to Chronic Myocarditis - Arterio-
Sclerosis

Due to Chr. Hypertrophied Prostate

Other conditions Chr. Hypertrophied Prostate
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?.....
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury.....

23. Signature Roman ... (M. D. or other) M.D.

Address 4500 Virginia Date signed 11-27-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. R. J. Stranz
4500th Virginia
Rt 3550 - Office

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.....

Harold Brown....., Registered Apprentice No. *257*
working under my personal supervision.

Signed.....
McNab

Licensed Embalmer No. *3737*

P. O. Address *1936 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 this body is not embalmed, fact should be so stated above.