

2
4-41
-39
K26390

FILED JUL 7 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22608

Registration District No. 784

Primary Registration District No. 2nd

Registrar's No. 1175

1. PLACE OF DEATH:

(a) County St. Louis,
(b) City or town Allenton, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
near Highway #66. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none.
In this community 50 years, (Specify whether years, months or days)

3. (a) PRINT FULL NAME Frederick G. Bengler,
3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex Male / 5. Color or race White
6. (a) Single, widowed, married, divorced Widower /
6. (b) Name of husband or wife Alice E. Bengler,
6. (c) Age of husband or wife if alive 17, years
7. Birth date of deceased Sept. 17, 1855 (Month) (Day) (Year)

8. AGE: Years 85 Months 8 Days 16
If less than one day hr. min.

9. Birthplace Allenton, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Retired merchant,

11. Industry or business General store,

12. Name Frederick Bengler,

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

14. Maiden name Agnes Pyatt,

15. Birthplace Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Myrtle Votaw,
(b) Address Allenton, Mo.

17. (a) Burial (b) Date thereof June 6, 1941
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation Allenton, Mo.

18. (a) Signature of funeral director Schrader Funeral Home,
(b) Address Ballwin, Mo.

19. (a) JUN - 4 1941 (b) R. Meyer M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis, Mo.
(c) City or town Allenton, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. near Highway #66. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 3, day 3
year 1941 hour 2 minute 50 P.M.

21. I hereby certify that I attended the deceased from May 25 1941, to June 3 1941;
that I last saw him alive on May 25 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Arteriosclerosis uncertain

Due to Senility

Other conditions (Include pregnancy within 3 months of death) gout

Major findings: Of operations _____

Of autopsy _____

Duration
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? _____

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

23. Signature Clara M. Gehert (M. D. or other) 0
Address Valley Park, Mo. Date signed 6/4/41

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

MOTHER FATHER

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 *Geo. Schrader*

Licensed Embalmer No. 3066

P. O. Address Ballerwin, Mo.

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.