

FILED FEB 24 1942

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: DePaul Hospital 0
(d) Length of stay: In hospital or institution
In this community years, months or days

3. (a) PRINT FULL NAME Susie Belle Bengel

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Daniel Bengel 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased 12 - 22 - 1876 (Month) (Day) (Year)

8. AGE: Years 65 Months 0 Days 18 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business

12. Name John Gillis

13. Birthplace Unknown Rhode Island (City, town, or county) (State or foreign country)

14. Maiden name Mary Graham

15. Birthplace Unknown Rhode Island (City, town, or county) (State or foreign country)

16. (a) Informant Eugene Bengel

(b) Address 3727 Connecticut St.

17. (a) Burial (b) Date thereof 1 - 13 - 1942 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address Clayton Road at Concordia Lane.

19. (Date received local registrar) JAN 13 1942 (Registrar's signature) J. J. Brudick

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(d) Street No. 5229 Gresham Avenue 0
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 10 year 1942 hour 12 noon minutes M.

21. I hereby certify that I attended the deceased from Feb. 1931 to 1-10-1942, 19...
that I last saw her alive on 1-10-1942 and that death occurred on the date and hour stated above.

Immediate cause of death

myocardial failure
Coronary Arteriosclerosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy None

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 J. L. Jollyno (M. D. or other)
Address 3903 Olive St. Date signed 1/12/42

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.....
..... Van Sizemore, Registered Apprentice No. 296
working under my personal supervision.

Signed.....

Licensed Embalmer No. 1994

P. O. Address Clayton, Missouri.

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.