. S. No. 2
00M—2-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

19403

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 13 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 1318 Primary Registration District No. 1003 Registrar's No. 6024

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: St. John's Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 009

(c) City or town St. Louis 715
(If outside city or town limits, write "RURAL")

(d) Street No. 4537 Varrelman Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Victor T. Bentrup

3. (b) If veteran, name war None

3. (c) Social Security No. 494-05-1572

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Helen Bentrup

6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased March (Month) 14th (Day) 1912 (Year)

8. AGE: Years 31 Months 3 Days 16 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation General Foreman

11. Industry or business Carondelet Foundry

FATHER
12. Name Henry P. Bentrup 1
13. Birthplace Calhoun County (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Bernardine Guelker
15. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Helen Bentrup
(b) Address 4537 Varrelman Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-3-43 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Peter & Paul's

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway Blvd.

19. (a) JUL 1 1943 (Date received local registrar) (b) J. F. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30th year 1943 hour 9:10 minute P.M.M.

21. I hereby certify that I attended the deceased from June - 23 - 43, 19 to June - 30, 1943 that I last saw him alive on June 30 - 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Glomerular Nephritis — Duration 1 yr

Due to Infection —

Due to Scarlet fever 7 years ago resulted in a kidney

Other conditions High Blood pressure infection
(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? (Specify type of place)
While at work? (e) Means of injury —

23. Signature Chas W Miller (M. D. ~~or other~~)
Address 408 Hemfield Bldg Date signed 7/1/43

(Licensed Embalmer's Statement on Reverse Side)

Dr C.W. Miller 12-3
Threshold Bldg
Je 4980

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 Edwin D McDermott

Licensed Embalmer No. 3024

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, fact should be so stated above.