

FILED JAN 16 1945 318

1003

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis Mo
 (b) City or town St. Louis Mo
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4115 Louisiana Ave
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 42 Yrs
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Wash
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4115 Louisiana Ave
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Edward C Bengel

3. (b) If veteran, name war Spanish American 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 Katie Bengel 6. (c) Age of husband or wife if alive 62 years
 7. Birth date of deceased May 2 1876
 (Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 4
 year 1945 hour 12.30 PM minute _____ M.

21. I hereby certify that I attended the deceased from 12-27, 1944, to 1-4, 1945
 that I last saw him alive on 1-2, 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death Multiple Sclerosis Duration 5 yr.

8. AGE: Years 68 Months 8 Days 2 If less than one day hr. _____ min. _____

9. Birthplace Rochester NY
 (City, town, or county) (State or foreign country)

10. Usual occupation Sales Agent

11. Industry or business Pneumatic Tube Co

MOTHER FATHER { 12. Name William C Bengel
 13. Birthplace Germany
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Germany
 (City, town, or county) (State or foreign country)

16. (a) Informant Katie Bengel

(b) Address 4115 Louisiana Ave

17. (a) Burial (b) Date thereof 1 8 45
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ware Mo

18. (a) Signature of funeral director KRIEGSHAUSER

(b) Address 4228 So. Kingshighway

19. (a) JAN 6 1945 (b) J. F. Thebeck
 (Date received local registrar) (Registrar's signature)

Other conditions. 87
 (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 O. J. Jones (M. D. or other) MD
 Address 3616 S. Burdy Date signed 1-5-45

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

Dr O S Jones
3616 So. Boardway
La 5626

JAN 22 1946

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 M. Herriott

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.