V. S. No. 2
00M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 27 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

28433

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7117

1. PLACE OF DEATH:

(a) County

(b) City or town ST. LOUIS 2
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Pronounced dead at ~~Taylor & Lee Aves~~ Homer Phillips Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 40 YRS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 25 17 9 10

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 1437 N. 9th ST.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME JAMES BENTLEY

3. (b) If veteran, name war ✓

3. (c) Social Security No. 499-01-8550

4. Sex MALE 2

5. Color or race COL.

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MABLE BENTLEY

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased JULY (Month) 15 (Day) 1886 (Year)

8. AGE: Years 60 Months 0 Days ~~29~~ 28 If less than one day hr. min.

9. Birthplace EUREKA (City, town, or county) MO (State or foreign country) 0

10. Usual occupation LABORER

11. Industry or business CITY REFUSE CO

FATHER
12. Name AMBROSE BENTLEY
13. Birthplace EUREKA (City, town, or county) MO (State or foreign country) 0

MOTHER
14. Maiden name MARY WILLIAMS
15. Birthplace EUREKA (City, town, or county) MO (State or foreign country) 0

16. (a) Informant Mable Bentley

(b) Address 1437 N 9th St.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 8-17-46 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem

18. (a) Signature of funeral director A. F. Walton

(b) Address 2707 Stoddard St.

19. (a) AUG 16 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 13th year 1946 hour 5 minute A.M.

21. I hereby certify that I attended the deceased from Aug. 1 1 1946 to Aug 13 1946 that I last saw him alive on Aug. 10 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Aortic Regurgitation — Duration 13 days

Due to Infirmities of Old Age

Due to

Other conditions Bronchial Asthma — 13 days
(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

92

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 K. E. Vincent (M. D. or other)

Address 2336 Market St. Date signed 1-13-46

(Licensed Embalmer's Statement on Reverse Side)

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 Arthur L. Heilliard

Licensed Embalmer No. 4221

P. O. Address 1154 Bayard av

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.