

FILED MAR 15 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5913  
Registrar's No. 2192

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 5913		Registrar's No. 2192				
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____								
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.			c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN St. Louis		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION 6101 Alaska				e. STREET ADDRESS (If rural, give location) 6101 Alaska 2019 0								
3. NAME OF DECEASED (Type or Print) Mamie Bentrup			a. (First)		b. (Middle)		c. (Last)		4. DATE OF DEATH Mar. 7, 1954			
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Jul. 7, 1874		9. AGE (In years last birthday) 79		10. UNDER 1 YEAR Months _____	11. UNDER 1 HRS. Hours _____	12. UNDER 1 MIN. Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife				10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (City and State or Foreign Country) Missouri			12. CITIZEN OF WHAT COUNTRY? _____			
13a. FATHER'S NAME <del>xxx</del> Herman Otto				13b. MOTHER'S MAIDEN NAME <del>xxx</del> Bridget <del>xxx</del> DAILY			14. NAME OF HUSBAND OR WIFE Fred Bentrup					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Fred Bentrup 6101 Alaska						
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH		
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis						10 hours		
				ANTECEDENT CAUSES DUE TO (b) Hypertensive heart disease						60 years		
				DUE TO (c) Generalized arteriosclerosis						10 years		
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____			21c. (CITY, TOWN, OR TOWNSHIP) _____		(COUNTY) _____		(STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4201								
22. I hereby certify that I attended the deceased from Dec 16, 1954, to Mar 7, 1954, that I last saw the deceased alive on Feb 22, 1954, and that death occurred at 1030a. m., from the causes and on the date stated above.												
23a. SIGNATURE <i>Richard S. Smith</i>				(Degree or title) M.D.		23b. ADDRESS 6006 Virginia Ave			23c. DATE SIGNED 3-8-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 3-10-54		24c. NAME OF CEMETERY OR CREMATORY St. Trinity Luth.			24d. LOCATION (City, town, or county) Lemay 23, Mo. (State) _____					
DATE REC'D BY LOCAL REG. MAR 9 1954		REGISTRAR'S SIGNATURE <i>Carl Smith MO</i>				25. FUNERAL DIRECTOR'S SIGNATURE Southern Funeral Home			ADDRESS 6322 S. Grand Bl			

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

DR. PRUETT

---

**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 ....., Student Embalmer No. .... working under my personal supervision.

Student.....  
Signature of Student Embalmer

Signed *David J. Gosman*

Licensed Embalmer No. *421*

P. O. Address *6322 1/2 St. N.*

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.**