

FILED NOV 28 1956

Registration District No. 318 Primary Registration District No. 1003

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, give TOWNSHIP only) OR TOWN ST. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN ST. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Incarnate Word Hosp.				Length of stay in 1b 1 week 1/5		d. STREET ADDRESS 4723 Tennessee (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Middle Last Karl Henry Bentel				4. DATE OF DEATH Month Day Year Nov. 6, 1956			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH March 4, 1917	
9. AGE (In years last birthday) 39		IF UNDER 1 YEAR Months Days Hours Min.		11. BIRTHPLACE (City and state or country) Germany		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Civil Service				10b. KIND OF BUSINESS OR INDUSTRY GOVERNMENT			
13. FATHER'S NAME Henry Bentel				14. MOTHER'S MAIDEN NAME Emilie Messerle			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. W.W.#2 492-01-1844		17. INFORMANT Fay Bentel		Address 4723 Tennessee	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Seeb acute Endocarditis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							INTERVAL BETWEEN ONSET AND DEATH Weeks.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Pneumonitis (non specific)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 430-1				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		CITY STATE	
21. I attended the deceased from 10-8-56 to 11-6-56 and last saw ^{her} him alive on 10-5-56 Death occurred at 4:30 A. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Andrew J. R. Cain, M.D. (Degree or title)				22b. ADDRESS 4632 So. Grand Blvd		22c. DATE SIGNED 11-6-56	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Nov. 8, 1956		23c. NAME OF CEMETERY OR CREMATORY Valhalla, Cemetery		23d. LOCATION (City, town, or county) (State) ST. Louis, Co. Mo.	
24. FUNERAL DIRECTOR Will Burdell, U.C. 2929 S. Jefferson				25. DATE RECD. BY LOCAL REG. NOV 7 1956		26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D. m. s. b.	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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..... *Homer W. Grutz*

Licensed Embalmer No. 30

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.