

PLACE OF DEATH

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

County _____

Township _____

or

Village _____

or

City St LouisRegistration District No. 791File No. 3255Primary Registration District No. 1003Registered No. 588(NO. 4856 Hamburga St.)Ward 17

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Claude O. Bentler

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED <u>single</u> WIDOWED OR DIVORCED (Write the word)
DATE OF BIRTH <u>January</u> <u>12</u> , 19 <u>09</u> (Month) (Day) (Year)		
AGE <u>4</u> yrs. <u>3</u> mos. <u>3</u> ds.		IF LESS than 1 day, ____ hrs. or ____ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>Child</u> (b) General nature of industry, business, or establishment in which employed (or employer)		
BIRTHPLACE (City or town, State or foreign country) <u>St Louis</u>		
PARENTS	NAME OF FATHER <u>Clemens Bentler</u>	
	BIRTHPLACE OF FATHER <u>Exeter Illinois</u>	
	MAIDEN NAME OF MOTHER <u>Mary Elizabeth Bentler</u>	
BIRTHPLACE OF MOTHER <u>Bluffs Illinois</u>		

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) C. Bentler(ADDRESS) 4856 Hamburga St.Filed JAN 16 191019104856Max C. Starkopf

REGISTRAR

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

1 15, 1910
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from Jan 14th, 1910, to Jan 15th, 1910, that I last saw him alive on Jan 15th, 1910, and that death occurred, on the date stated above, at 5:30 p.m.

The CAUSE OF DEATH* was as follows:

10 Diphtheria (Laryngeal)
10
(Duration) — yrs. — mos. 1 ds.Contributory None

(SECONDARY)

(Duration) — yrs. — mos. — ds.(Signed) W. A. Fries M. D.Jan 16th, 1910 (Address) 1544 So. Bway

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Nature of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death — yrs. — mos. — ds. In the State — yrs. — mos. — ds.Where was disease contracted
If not at place of death? _____

Former or usual residence _____

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

New St. Marcellus Jan 12, 1910

UNDERTAKER

ADDRESS

Southern 7315 S. Bway

N. B.—Every item of information should be carefully supplied. AGE should be stated in CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement

of Death

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc. of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*

Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "*PUERPERAL septicaemia*," "*PUERPERAL peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

PLACE OF DEATH

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

County _____ Registration District No. 791 File No. _____
Township _____ or _____ Primary Registration District No. 100.3 Registered No. 588
Village _____ or _____ City St. Louis (NO. 4856 Hamburg St.; _____ Ward)

FULL NAME Claude D. Bentler

[If death occurred in a hospital or institution, give its NAME instead of street and number]

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX male COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) single
DATE OF BIRTH Jan. 12, 1909 (Month) (Day) (Year)
AGE 4 yrs. 3 mos. 3 ds. IF LESS than 1 day, ____ hrs. or ____ min.?
OCCUPATION (a) Trade, profession, or particular kind of work child (b) General nature of industry, business, or establishment in which employed (or employer)

DATE OF DEATH 1 - 15 - 1913 (Month) (Day) (Year)
I HEREBY CERTIFY, that I attended deceased from Jan. 14, 1913, to Jan. 15, 1913, that I last saw him alive on Jan. 15, 1913, and that death occurred, on the date stated above, at 3:30 p.m.

The CAUSE OF DEATH* was as follows: Diphtheria (Laryngeal)

BIRTHPLACE (City or town, State or foreign country) St. Louis
NAME OF FATHER Clemens Bentler
BIRTHPLACE OF FATHER Evanston, Ill.
MAIDEN NAME OF MOTHER Mary Elizabeth Wilson
BIRTHPLACE OF MOTHER Chuffs, Ill.

(Duration) ____ yrs. ____ mos. ____ ds.
Contributory none (SECONDARY)
(Duration) ____ yrs. ____ mos. ____ ds.
(Signed) W. H. Fries M. D. Jan. 16, 1913 (Address) 1547 So. B'way

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Claude D. Bentler
(ADDRESS) 4836 Hamburg Ave.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.
Where was disease contracted If not at place of death?
Former or usual residence _____

Filed 3-28 1913 G. L. Snodgrass DEPUTY REGISTRAR

PLACE OF BURIAL OR REMOVAL New St. Marcus DATE OF BURIAL Jan. 17, 1913
UNDERTAKER Southern ADDRESS 7315 S. B'way

N. B. Every item of information should be carefully supplied. AGE should be stated in plain terms, so that it may be properly classified. Exact OCCUPATION is very important. EXACT PLACE OF DEATH in plain terms, so that it may be properly classified. EXACT PLACE OF BIRTH in plain terms, so that it may be properly classified. EXACT PLACE OF DEATH in plain terms, so that it may be properly classified.

SUPPLEMENTARY RECORD

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

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Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc. of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles;*

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Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)