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

Do not use this space.

21098 [redacted]7

1. PLACE OF DEATH

County ..... Registration District No. 78

Township ..... Primary Registration District No. 100

City St. Louis Mo. (No. 817 Warren St. ..... Ward)

File No. .....

Registered No. 5949.

2. FULL NAME Louis Bentlage

(a) Residence. No. 817 Warren St., 26 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

5A. ~~If Married, Widowed, or Divorced~~ HUSBAND OF ~~(or) WIFE OF~~ Mary Bentlage (nee Morrisse)

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 5th 1864

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	66	1	12	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Teamster
(b) General nature of industry, business, or establishment in which employed (or employer) Lumber Hauler
(c) Name of employer

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9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri

1

PARENTS

10. NAME OF FATHER Louis Bentlage

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

10

12. MAIDEN NAME OF MOTHER Not Known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

14. INFORMANT Mrs Mary Bentlage
(Address) 817 Warren St.

15. FILED JUN 19 1930, 19 Max C Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 17, 1930 19

17. I HEREBY CERTIFY, That I attended deceased from Feb 4th, 1930, to June 17th, 1930 that I last saw h... alive on June 17th, 1930, and that death occurred, on the date stated above, at 9 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of Stomach
41 R

(duration) ..... yrs. 7 mos. ..... ds.

CONTRIBUTORY (SECONDARY) None

(duration) — yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH —

0 DID AN OPERATION PRECEDE DEATH? No DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) H H Smith, M. D.

, 19 (Address) 5850 Highland Ave

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL North St. Johns Cemetery

DATE OF BURIAL June 20 1930

20. UNDERTAKER Leidner Und. Co.

ADDRESS 2223 St. Louis Ave.

N. B. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.