WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

OCT 21 1936

39323

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123 — File No.

Township [illegible] — Primary Registration District No. 6248 B — Registered No. 365

City Jefferson Barracks (No. Veterans Hospital St. Ward)

2. FULL NAME Edward C. H. BENTLAGE

(a) Residence, No. 5139-A Wabada St., Ward. St. Louis, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	white	single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF --

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 11, 1894

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	42	3	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto Assembler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Chevrolet Motor

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 10 years

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

FATHER

13. NAME Charles Bentlage

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) - Germany

MOTHER

15. MAIDEN NAME Anna Meyer

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

17. INFORMANT (ADDRESS) M. Schilling Clinical Clerk, Jeff. Bks. Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Peters DATE Sept 21, 1936

19. UNDERTAKER (ADDRESS) Beauregard Funeral Home Inc 1936 St. Louis Ave

20. FILED Sept 18, 1936 G. Mowry Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from August 7, 1934, 19..., to September 18, 1936

I last saw him alive on September 18, 1936 Death is said to have occurred on the date stated above, at 4:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, Pulmonary, Chronic, Active, Far Advanced (C)	Unkwn

Other contributory causes of importance None

Name of operation None Date of

What test confirmed diagnosis? phy. exam. clinical manifestations. Laboratory Was there an autopsy? NO.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. W. HUGHES, Chief Medical Officer. M. D.

(Address) Jefferson Barracks, Missouri.