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

Do not use this space.

FEB 23 1937

4432

File No.

Registered No. 31

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123

Township Carondelet — Primary Registration District No. 6248B

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

2. FULL NAME Ben MENTZ

(a) Residence, No. St., Ward. Delmar, Illinois
(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	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ Mary Mentz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 30, 1865

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	71	9	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 2.37

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

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

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

12. BIRTHPLACE (CITY OR TOWN) unavailable (STATE OR COUNTRY) Germany 10

FATHER

13. NAME unavailable

14. BIRTHPLACE (CITY OR TOWN) unavailable (STATE OR COUNTRY) unavailable 91

MOTHER

15. MAIDEN NAME unavailbale

16. BIRTHPLACE (CITY OR TOWN) unavailable (STATE OR COUNTRY) unavailable 91

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

18. BURIAL, CREMATION, OR REMOVAL PLACE National Cem. DATE Jan. 22 1937

19. UNDERTAKER C. HOFFMEISTER UNDERTAKING & LIVERY (ADDRESS) 7814 S. Broadway, St. Louis, Mo.

20. FILED 1-22 1937 G Mowry Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from January 16, 1937, to January 20, 1937.

I last saw him alive on January 20, 1937. Death is said to have occurred on the date stated above, at 4 p.m.

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

	Date of onset
Diabetes mellitus complicated with gangrenous process of left foot	unkwn

Other contributory causes of importance:

Coronary Sclerosis and generalized Arteriosclerosis	unkwn
Bronchitis & Bronchopneumonia, Bil.	unkwn

Name of operation none Date of

What test confirmed diagnosis? phy. exam. clin. manifestations laboratory Was there an autopsy? YES

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, M. D.

(Address) Chief Medical Officer, Jefferson Barracks, Missouri.

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.

WRITE PLAINLY. WITH OR WITHOUT INK. AS A PERMANENT RECORD

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