

Registration District No. 791

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH

(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: Home Phillips  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community \_\_\_\_\_  
years, months or days

DIED FEB 23 1939

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(d) Street No. 2123 Biddle  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME

Bobbe Jean Bentley  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race col 6. (a) Single, widowed, married, divorced not

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased unknown  
(Month) (Day) (Year)

8. AGE: Years about Months 1 mo Days 11 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Louis Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_  
Industry or business \_\_\_\_\_

11. Name of father Earl Bentley

12. Name of mother \_\_\_\_\_

13. Birthplace 2123 Biddle  
(City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace St. Louis Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Earl Bentley  
(b) Address 2123 Biddle

17. (a) \_\_\_\_\_ (b) Date thereof 1-6-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director W. Richter  
(b) Address 3800 Kulu  
19. (a) JAN 31 1940 (b) \_\_\_\_\_  
(Date received local registrar) (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 23  
year 1939 hour 8 minute 00 A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_  
that I last saw \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death: Asphyxiation due to child getting under Bed cover during night of Dec 23-1939 Time Unknown  
Other conditions: \_\_\_\_\_  
(Include pregnancy within 6 months of death)  
Major findings: Accident  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Accident  
(b) Date of occurrence 2123/3/39  
(c) Where did injury occur? St. Louis Mo  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature James M. Richter  
Address Deputy Date signed \_\_\_\_\_

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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 \_\_\_\_\_

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**