

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.

FILED MAR 12 1940

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

Do not use this space.

6195

1. PLACE OF DEATH *St. Francis*
County *Cape Girardeau* Registration District No. *121*
Township *North* Primary Registration District No. *3009* File No. _____
City *North* (No. _____) St. _____ Ward _____
2. FULL NAME *William J. Bengenheimer*
(a) Residence, No. *2-13 N. Mountain St.* Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred *12* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>male</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>married</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF <i>Sena Bengenheimer</i> (OR) WIFE OF _____				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Feb. 26 - 1865</i>				
7. AGE	YEARS <i>74</i>	MONTHS <i>11</i>	DAYS <i>21</i>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>retired farmer</i>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____			
	10. Date deceased last worked at this occupation (month and year) <i>Mar. 1928</i>			
11. Total time (years) spent in this occupation _____				
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Schnurbeich</i>				
FATHER	13. NAME <i>Martin Bengenheimer</i>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Hanover Germany</i>			
MOTHER	15. MAIDEN NAME <i>Luise Reineier</i>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>			
17. INFORMANT <i>Wife</i> (ADDRESS) <i>2-13 N. Mountain</i>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Jackson, Mo.</i> DATE <i>Feb. 18th 1940</i>				
19. UNDERTAKER <i>Seabough Funeral Home</i> (ADDRESS) <i>Cape Girardeau, Mo.</i>				
20. FILED <i>2-16 1940</i> <i>W. M. Thompson</i> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *2-16-40*

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at *7:45* m.

The principal cause of death and related causes of importance were as follows:
Ch. Myocarditis
Arteriosclerosis
92C

Other contributory causes of importance:
Broncho pneumonia
Arteriosclerotic gangrene
Ex. leg.

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 *W. M. Thompson*, M. D.
W. M. Thompson Registrar.

