RECD APR 15 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8732

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2215

1. PLACE OF DEATH:

(a) County

(b) City or town ST. LOUIS (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: CARRIE GIETNER HOME (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution about 3 1/2 years (Specify whether years, months or days) In this community LIFE

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County

(c) City or town ST. LOUIS 15 (If outside city or town limits, write "RURAL")

(d) Street No. 5523 VIRGINIA AVE. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME MARIE L. BENTLEY

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife WM. P. BENTLEY

6. (c) Age of husband or wife if alive years

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

8. AGE: Years 75 Months Days If less than one day hr. min.

ABOUT

9. Birthplace ST. LOUIS (City, town, or county) MO (State or foreign country)

10. Usual occupation NIL

11. Industry or business

FATHER 12. Name W. N. CONNOR

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

MOTHER 14. Maiden name UNKNOWN

15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Warren Hencke

(b) Address 5531 Virginia

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MARCH 6-40 (Month) (Day) (Year)

(c) Place: burial or cremation BELLEFONTAINE

18. (a) Signature of funeral director C. Hoffmeister

(b) Address 7814 S. BROADWAY

19. (a) MAR 5 1940 (Date received local registrar) (b) [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4 year 1940 hour 8 30 minute P. M.

21. I hereby certify that I attended the deceased from Apr. 21, 1937, to Mar. 4, 1940, that I last saw her alive on Mar 4, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Gall Bladder	
Due to: Chr. Cholecystitis	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature J. C. Hirschmaedel (M. D. or other)

Address Metropolitan Bldg Date signed 3/5/40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 6-17-39

5705 Denny

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 Edwin H. Leibinger

Licensed Embalmer No. 4049

P. O. Address 6464 Chippewa

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.