

No. 2  
1-4-41  
5-17-39  
PI X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
JAN 9 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

5008742997  
State File No. \_\_\_\_\_  
Registrar's No. 2640

Registration District No. 784

Primary Registration District No. 109

1. PLACE OF DEATH:

(a) County ST. Louis  
(b) City or town Maplewood  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Maplewood Nursing Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution June 15, 1941  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ill. (b) County 999  
(c) City or town Brighton 11  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0  
(If rural, give location) 2  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Annie Elizabeth Bentley

3. (b) If veteran, name war \_\_\_\_\_ 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 Jonathan S. Bentley 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased MAY 21 1867  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>74</u>	<u>7</u>	<u>5</u> hr. _____ min.

9. Birthplace Chesterfield, Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation House-wi Fe

11. Industry or business \_\_\_\_\_

12. Name William Shires 11

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

14. Maiden name UNKNOWN

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

16. (a) Informant Jonathan M. Bentley

17. (a) Address 5352 Geraldine  
(b) Date thereof 12-29-41  
(Month) (Day) (Year)

(c) Place: burial or cremation Brighton Ill.

18. (a) Signature of funeral director Whitfield Warner

(b) Address Brighton Ill.

19. (a) DEC 26 1941 (b) E.P. McCarroll  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 26  
year 1941 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 1941 to Dec 26 1941  
that I last saw her alive on Dec. 26, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Endocarditis several years  
Duration

Due to Acute Endocarditis  
and general paralysis

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 97c  
Of autopsy \_\_\_\_\_  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Theo. J. Ruff (M. D. or other) D  
Address 7465 Hazel Date signed 12/26/41

7-7 (Licensed Embalmer's Statement on Reverse Side)

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

6  
5  
3

2-

804. Riel  
7465 Hazel  
151 of Manitoba

**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.

*No. Embalming*

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, fact should be so stated above.**