7. S. No. 2
00M—5-43
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 4 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40366
Registrar's No. 11673

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town St Louis Mo (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: BARNES HOSPITAL (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 Days (Specify whether years, months or days) In this community 45 Years

2. USUAL RESIDENCE OF DECEASED: 000 17 9 18
(a) State Mo (b) County
(c) City or town St Louis (If outside city or town limits, write "RURAL")
(d) Street No. 600 South Kingshighway (If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME ARTHUR IRVING PENTZ
3. (b) If veteran, name war
3. (c) Social Security No. 494-05-5199
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary
6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased Dec (Month) 21 (Day) 1888 (Year)

8. AGE: Years	Months	Days	If less than one day
~~54~~ 55	0 ~~11~~	3	hr. min.

9. Birthplace (City, town, or county) Canada (State or foreign country) 2
10. Usual occupation Prundential Ins Agent
11. Industry or business
FATHER 12. Name Archibald Pentz
13. Birthplace Canada (City, town, or county) 2 (State or foreign country)
MOTHER 14. Maiden name Olive Kaerns
15. Birthplace Canada (City, town, or county) 9 (State or foreign country)
16. (a) Informant Mary Pentz
(b) Address 5211 Harney Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-27-43 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary
18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd
19. (a) DEC 26 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 24 year 1943 hour 9 minute 55 A.M.
21. I hereby certify that I attended the deceased from Dec. 7, 1943, to Dec. 24, 1943; that I last saw him alive on Dec. 24, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Emphysema	
Due to 107	
Due to	
Other conditions Broncho pneumonia (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Emphysema	

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 F R Bradley (M. D. ~~or other~~)
Address BARNES HOSPITAL Date signed 12/24/43

(Licensed Embalmer's Statement on Reverse Side)

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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.