

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

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

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

Registrar's No. 10924

1. PLACE OF DEATH:

(a) County St. Louis  
 (b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Christian Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 6 Days  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME J. Arthur Bentrup

3. (b) If veteran, name war No  
 3. (c) Social Security No. None

4. Sex Male  
 5. Color or race White  
 6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife Mabel  
 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased June 20 1891  
(Month) (Day) (Year)

8. AGE: Years 54 Months 5 Days 23  
 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Tavern

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

12. Name Harry Bentrup

13. Birthplace St. Louis Mo.

14. Maiden name Mary Zieser

15. Birthplace St. Louis Mo.

16. (a) Informant Mabel Bentrup

(b) Address 18 Market Square, Belleville

17. (a) Burial (b) Date thereof Dec. 17, 1945

(c) Place: burial or cremation Mt. Carmel Cemetery, Belleville, Mo.

18. (a) Signature of funeral director Walter Aldridge

(b) Address 3634 Gravois Ave.

19. (a) DEC 15 1945 (b) J. F. Bredeek

(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County 999  
 (c) City or town Belleville  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 18 Market Square  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 13  
 year 1945 hour 1 minute 05 P.M.

21. I hereby certify that I attended the deceased from Dec-9th-1945  
 to Dec-13th-1945 date of death

that I last saw him alive on 12/13/1945  
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Oedema  
Sclerosis mitral valves  
Sclerosis of aorta

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Mesentery thrombosis  
(Include pregnancy within 3 months of death)

Major findings: Acute appendicitis  
 Of operations \_\_\_\_\_

Of autopsy As above.

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? \_\_\_\_\_

(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 \_\_\_\_\_

3. Signature Walter Aldridge (M. D. or other) \_\_\_\_\_  
 Address 3718 Jennings Rd Date signed 12/14/45

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

00  
17  
9

999  
NK  
2

MOTHER FATHER

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

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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.....

*Frank J. Dyland*

Licensed Embalmer No. ....

*2645*

P. O. Address.....

*St Louis Mo*

**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.**