No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6051

Registration District No. FILED FEB 23 1948 318

Primary Registration District No. 1003

Registrar's No. 1388

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: Alexian Bros. Hospital O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1003
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3002a Shenandoah
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOHN WALTER BENTLEY
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male O
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ferrell
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased November (Month) 4 (Day) 1883 (Year)

8. AGE: Years 64 Months 3 Days 3 If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation Ass't. Mgr.
11. Industry or business Gross Fixture Co.
FATHER
12. Name James A. Bentley
13. Birthplace (City, town, or county) Illinois (State or foreign country)
MOTHER
14. Maiden name ? Trueblood
15. Birthplace (City, town, or county) Illinois (State or foreign country)
16. (a) Informant Mrs. Ferrell Bentley
(b) Address 3002a Shenandoah
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 11-48 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla
18. (a) Signature of funeral director Peet Funeral Home, Inc.
(b) Address 3029 Lafayette Ave.
19. (a) FEB 10 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 7th year 1948 hour 11 minute 30 P M.
21. I hereby certify that I attended the deceased from Feby 1 1948 Feby 7 1948 that I last saw him alive on Feby 7 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Gastric Hemorrhage
Due to Erosion of Duodenal Ulcer
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations Bleeding Duodenal Ulcer
Of autopsy

Duration

PHYSICIAN — Underline the cause of 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 D. T. Vandoor (M. D. or other) M.D.
Address 1504 S. Grand Date signed 2/10/48

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

Jefferson City Printing Co.

(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 David Van Fossan

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.