

S. No. 2
M-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 4 1948
Registration District No. 577

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38944
Registrar's No. 2641

Primary Registration District No. 6076

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 32 Days
8 years (Specify whether
in this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3961 Cook Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME BENTLEY, Walter L.
3. (b) If veteran, name war WW-I
3. (c) Social Security No. Unk.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month November day 11
year 1948 hour 5:30 minute _____ P. _____ M. _____
21. I hereby certify that I attended the deceased from
October 29, 1948, to November 11, 1948
that I last saw him alive on November 11, 1948
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elzenia
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased February 1, 1893
(Month) (Day) (Year)

Immediate cause of death HEMMORAGE FROM UNIDENTIFIED VESSEL
Duration _____

8. AGE: Years Months Days If less than one day
55 9 10 hr. _____ min. _____

~~Other~~ Contributory cause:
HYPERTENSIVE CARDIOVASCULAR DISEASE;
ARTERIOSCLEROSIS GENERALIZED
93R
Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace Huntsville, Alabama
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy No Autopsy performed
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation Laborer
11. Industry or business _____
12. Name Walter Bentley
13. Birthplace Huntsville, Alabama
(City, town, or county) (State or foreign country)
14. Maiden name Endie (maiden name Unk.)
15. Birthplace Huntsville, Alabama
(City, town, or county) (State or foreign country)

16. (a) Informant Registrar, VA Hospital
(b) Address Jefferson Barracks, Mo.
17. (a) Burial (b) Date thereof 11-16-48
(Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) None
(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? _____

(c) Place: burial or cremation NATIONAL CEMETERY, JEFFERSON BARRACKS
(Specify type of place)
18. (a) Signature of funeral director Ellis Funeral Home
(b) Address 2820 Stoddard St. St. Louis, Mo.
19. (a) 11-13-48 (b) Carla Mayo
(Date received local registrar) (Registrar's signature)

While at work _____ (Specify type of place)
(e) Means of injury _____
23. Signature L. E. Stilwell (M. D. or ~~DDS~~)
Address VAH, Jeff. Bks., Mo. Date signed 11/12/48

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.....

Fulton C. Culkin

Licensed Embalmer No.....

4198

P. O. Address.....

St. Louis 13, 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.