

No. 300
10-48

FILED MAR 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11457

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 601

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

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jeff. Brks. Mo.		c. LENGTH OF STAY (in this place) 15mo. 26days	
d. FULL NAME OF HOSPITAL OR INSTITUTION VET. ADM. HOSPITAL		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
3. NAME OF DECEASED (Type or Print) a. (First) ROY b. (Middle) J. c. (Last) BENTLEY		4. DATE OF DEATH (Month) (Day) (Year) 3/4/50	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 5/11/88
9. AGE (In years last birthday) 61		# UNDER 1 YEAR 9	# UNDER 1 MRS. 23
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Punch Press Opr.		10b. KIND OF BUSINESS OR INDUSTRY Baldor Elec. Co.	11. BIRTHPLACE (State or foreign country) Farmington, Mo.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME John P. Bentley	
13b. MOTHER'S MAIDEN NAME Sarah Hannon		14. NAME OF HUSBAND OR WIFE Della Bentley	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World I		16. SOCIAL SECURITY NO. 492-16-8994	
17. INFORMANT'S SIGNATURE OR NAME V. A. HOSPITAL RECORDS		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Squamous Carcinoma of Right Tonsil with Metastasis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 1-12-50		19b. MAJOR FINDINGS OF OPERATION Gastrostomy	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		145X	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11/8, 1948, to 3/4, 1950, that I had seen the deceased on the day of death, and that death occurred at 6:00p m., from the causes and on the date stated above.			
23a. SIGNATURE [Signature] (Degree or title) M.D.		23b. ADDRESS V.A. HOSP. JEFF. BRKS. MO.	
23c. DATE SIGNED 3/4/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. 8, 1950	
24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAR 7 1950 [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Riegshauser 4228 S. Kingshighway Bl.	

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

Edward A. M. Bennett

Signed.....

Student Embalmer

Licensed Embalmer No. *3024*

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.