

FILED AUG 4 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23466

State File No.

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No. 5555

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence within before admission).	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN Jennings Mo.	
c. LENGTH OF STAY (In this place) 28 days		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mo. Baptist Hospital		e. STREET ADDRESS (If rural, give location) 2452 Weick Dr.	
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)
a. (First) Laura			June 26 1955
b. (Middle)			
c. (Last) Bentlage			
5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
female	white	widowed	July 29 1891
9. AGE (In years last birthday)		10. AGE (In years last birthday)	
63		63	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk - C.B. Mosley Publishing Co.		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country)		12. CITIZEN OF WHAT COUNTRY?	
Gerald Mo.		USA	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME	
William J. Horstmann		Malinda Brinkmann	
14. NAME OF HUSBAND OR WIFE		Henry C. Bentlage	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
no		494-01-3240	
17. INFORMANT'S SIGNATURE OR NAME		ADDRESS	
Loretta Mier, 2452 Weick Dr.			
18. CAUSE OF DEATH			
Enter only one cause per line for (a), (b), and (c)			
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral hemorrhage with left hemiplegia</i>			
ANTECEDENT CAUSES (b) <i>Hypertension and arteriosclerosis</i>			
MORIBUND CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.			
DUE TO (c) <i>Hypertensive heart dis. with cardiac decompensation</i>			
11. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)			
19a. DATE OF OPERATION			
19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR		331X	
22. I hereby certify that I attended the deceased from <i>May 28, 1955</i> to <i>26 June 55</i> , that I last saw the deceased alive on <i>26 June 55</i> , and that death occurred at <i>5:55 P.M.</i> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title)		23b. ADDRESS	
<i>Richard A. Jones MD</i>		<i>3720 Washington</i>	
23c. DATE SIGNED			
<i>27 June 55</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE	
removal		<i>6/29/55</i>	
24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)	
Lakewood Park		St. Louis Co. Mo.	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE	
<i>JUN 27 1955</i>		<i>Carl Smith MD</i>	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
<i>Drehmann-Harral</i>		<i>1905 Union Blvd.</i>	

(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
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.. *Warren A. Carver*

Licensed Embalmer No. 3.....

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.