

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39227

FILED NOV 30 1956

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **10095**

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis											
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Richmond Mo.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>									
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MISSOURI PACIFIC			Length of stay in lb		d. STREET ADDRESS (If outside, give location) 1912 Yale Ave.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>								
3. NAME OF DECEASED (Type or print) First THOMAS Middle F. Last BENTLEY				DATE OF DEATH Month Nov Day 2 Year 1956											
5. SEX M.		6. COLOR OR RACE W.		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 2-6-1893		9. AGE (In years last birthday) 73		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carman - Terminal R.R.Co.				10b. KIND OF BUSINESS OR INDUSTRY R.R.Co.				11. BIRTHPLACE (City and state or country) Mexico, Mo.				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME Patrick Bentley						14. MOTHER'S MAIDEN NAME Mary Chambers									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. None		17. INFORMANT (Name) Address (Street) Hella Bentley 1912 Yale Ave									
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE - (a) PULMONARY ATELECTASIS (POST OPERATIVE) DUE TO (b) BRONCHIAL OBSTRUCTION DUE TO (c) Carcinoma of rectum and bladder Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Acute dilatation of stomach, peritonitis, pyelonephritis. 1998												INTERVAL BETWEEN ONSET AND DEATH 24 hours 24 hours			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)												
20c. TIME OF INJURY Hour a. m. p. m.															
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION			COUNTY			STATE			
21. I attended the deceased from 26 Oct 56 to 2 Nov 56 and last saw him him alive on 2 Nov 56 Death occurred at 7:05 P m on the date stated above; and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE (Degree or title) Barth Passanante, M.D.						22b. ADDRESS 462 N. Taylor, St. Louis			22c. DATE SIGNED 11-3-56						
23a. BURIAL, CREMATION, REMOVAL (Specify)			23b. DATE 11-6-1956			23c. NAME OF CEMETERY OR CREMATORY Calvary Cem.			23d. LOCATION (City, town, or county) (State) St. Louis, Mo						
24. FUNERAL DIRECTOR Kreighbaum 4228 S. Kingshighway						25. DATE RECD. BY LOCAL REG. NOV 5 1956			26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D.						

(Licensed Emballer's Statement on Reverse Side)

m. j. B.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Richard W. Stovess*

Licensed Embalmer No. *40*

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.