URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-007927

FILED VS MAR 11 1960

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 2230 STATE FILE NUMBER

NDED

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Illinois b. COUNTY St. Clair

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b: 2 weeks

c. CITY OR TOWN O'Fallon — Inside Limits: Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Anthony's Hospital — Inside Limits: Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 419 East State St. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First JANET; Middle LEE; Last BENTLEY

4. DATE OF DEATH: Month Feb. Day 25, Year 1960

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 4/26/59

9. AGE (last birthday): IF UNDER 1 YEAR: Months 9 Days 29; IF UNDER 24 HR: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (City and state or country): St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Robert Gene Bentley

13b. MOTHER'S MAIDEN NAME: Katheryn Rutter

14. NAME OF HUSBAND OR WIFE: none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): --

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Robert G. Bentley, O'Fallon, Illinois — Address: 419 E. State,

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Lobar Pneumonia Left side — INTERVAL BETWEEN ONSET AND DEATH: 2-22-60

Impetigous dermitis

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Impetigous Dermitis — 2-1-60

DUE TO (c): 695X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 2-12-60, to 2-25-60 and last saw ~~her~~ him alive on 2-25-60

Death occurred at 1215 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: H. G. Moore (Degree or title) MD

22b. ADDRESS: 917-5018

22c. DATE SIGNED: 2-26-60

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 2/26/60

23c. NAME OF CEMETERY OR CREMATORY: O'Fallon City

23d. LOCATION (City, town, or county) (State): O'Fallon, Illinois

24. FUNERAL DIRECTOR: P. W. Schildknecht — ADDRESS: O'Fallon, Ill.

25. DATE RECD. BY LOCAL REG.: FEB 26 1960

26. REGISTRAR'S SIGNATURE: Hoard Smith, M.D. MDB

(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 not embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Phillip W. Schildknecht
PHILLIP W. SCHILDKNECHT, Illinois

Licensed Embalmer No. 8549 (Il

P. O. Address O'Fallon, Illin

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to cor
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.