RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JUL 22 1960 — Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 6784 — 60-028106 STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST LOUIS MO — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: JEWISH HOSPITAL — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO — b. COUNTY
c. CITY OR TOWN: ST LOUIS — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 216 S KINGSHWAY — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: WILLIAM — Middle: F — Last: BENTZEN
4. DATE OF DEATH: Month 7 — Day 5 — Year 60
5. SEX: M
6. COLOR OR RACE: W
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 10-9-92
9. AGE (last birthday): 67 — IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HR: Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): DISABLED
10b. KIND OF BUSINESS OR INDUSTRY: X
11. BIRTHPLACE (City and state or country): ST LOUIS MO
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: WILLIAM BENTZEN
13b. MOTHER'S MAIDEN NAME: CLARA KERONE
14. NAME OF HUSBAND OR WIFE:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: MARGUERITTE BENTZEN — Address: 1024 BATES

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): SHOCK — INTERVAL BETWEEN ONSET AND DEATH: ABOUT 48H.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): ? SEPTICEMIA – FRACTURE + HEMORRHAGE INTO R. KNEE
DUE TO (c): ? NEUROGENIC – TERTIARY SYPHILIS – TABES DORSALIS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 90408 21
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

Sig. Jack M. Queen
Department
7-6-60

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.): Fell in home on way to bathroom.
20c. TIME OF INJURY: Hour 2-3 a.m. p.m. — Month, Day, Year: 7 1 60
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.): 12 HOME
20f. CITY, TOWN, OR LOCATION: ST. LOUIS — COUNTY — STATE: MO.

21. I attended the deceased from 7-1-60, to 7-5-60 and last saw her/him alive on 7-4-60
Death occurred at 4:40 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Arthur H. Gale
22b. ADDRESS: #13 Queensbrook Olivette, Mo.
22c. DATE SIGNED: 7-6-60

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 7/7/60
23c. NAME OF CEMETERY OR CREMATORY: NATIONAL JEFF BARRACK
23d. LOCATION (City, town, or county) (State): MO
24. FUNERAL DIRECTOR: SOUTHERN FUNERAL HOME — ADDRESS
25. DATE RECD. BY LOCAL REG.: JUL 6 1960
26. REGISTRAR'S SIGNATURE: Joan Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT — MEDICAL CERTIFICATION — BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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