

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-007761

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **2562**

FILED MAR 15 1962

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO.		c. CITY OR TOWN ST. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSP #1		d. STREET ADDRESS (If outside, give location) 2417 S. 1074	

3. NAME OF DECEASED (Type or print) First BERT Middle BENTLEY Last	4. DATE OF DEATH Month 3 Day 4 Year 62
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5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 3-29-1902	9. AGE (last birthday) 59	IF UNDER 1 YEAR Months 3 Days 4 Hours 62	IF UNDER 24 HR Hours 62 Min.
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10a. USUAL OCCUPATION (Give kind of work done or being most of working life, if retired) Beer Bottler	10b. KIND OF BUSINESS OR INDUSTRY Busch Brewery	11. BIRTHPLACE (City and state or country) Wethsvilke, Mo	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME JAMES BENTLEY	13b. MOTHER'S MAIDEN NAME JENNIE BROWN	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) Yes W W I	16. SOCIAL SECURITY NO.	17. INFORMANT 7 Daisy Little Address 6803 MORGANFORD
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18. CAUSE OF DEATH (Enter only one cause per line if more than one cause was caused by: PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ARTERIOSCLEROTIC HEART DISEASE DUE TO (b) 420.0 DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) BRONCHITIS, CHRONIC PANCREATITIS, HEPATOSCLEROSIS, GONORRHOEA, GINGIVITIS, DIGESTIVE NEURALGIA, PNEUMONIA		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	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.)
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20c. TIME OF INJURY Hour 9:00 a.m. p.m. pm	Month, Day, Year
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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
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21. I attended the deceased from **2-9-62** to **3-4-62** and last saw her him alive on **3-4-62**
Death occurred at **9:00 pm** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. E. Smith (Degree or title) M. D.	22b. ADDRESS 1515 LAFAYETTE AVE.	22c. DATE SIGNED 3-4-62
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE MAR. 7, 1962	23c. NAME OF CEMETERY OR CREMATORY S.S. Peter & Paul	23d. LOCATION (City, town, or county) ST. Louis (State) Mo.
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24. FUNERAL DIRECTOR Sharon Ruto ADDRESS 2906 Skewis	25. DATE RECD. BY LOCAL REG. MAR 6 1962	26. REGISTRAR'S SIGNATURE Earl Smith, M.D.
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 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 me,
or by _____, Student-Embalmer-No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

J. G. Humphrey

Licensed Embalmer No. 4772

P. O. Address 2906 Yarrow

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.