

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

28098

File No. _____
Registered No. 25-
St. _____ Ward _____

1. PLACE OF DEATH

County St. Louis Registration District No. 349
Township Central Primary Registration District No. 5499
City St. Louis (No. _____) St. _____ Ward _____

2. FULL NAME

John Bentz
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 55 mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male White Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

Louise Bentz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

June 8 1847

7. AGE

YEARS 84 MONTHS 0 DAYS 23
If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

St. Louis

13. NAME

John Bentz

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Germany

15. MAIDEN NAME

Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Don't know

17. INFORMANT

Andy Bentz (Address) Calhoun Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Trapes Chapel DATE Aug 2 1931

19. UNDERTAKER

(Address) Calhoun Mo.

20. FILED Aug 2 1931 Ms. G. G. Gray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug, 1 1931

22. I HEREBY CERTIFY, That I attended deceased from Jan. 2 1931 to July 17 1931

I last saw him alive on July 2 1931 Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

131
Jan. 1 - 1931
Nephritis chronic interstitial

Other contributory causes of importance: _____

131

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) C. C. Calhoun, M. D.

(Address) Calhoun

SEP 2 1931

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