

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis.
(b) City or town St. Louis, Mo.
(c) Name of hospital or institution: City Infirmiry Hospita.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution February 16, 1939
30 years. (Specify whether
In this community. years, months or days)

3. (a) PRINT FULL NAME John T. Bentley
8. (b) If veteran, name war Unknown 8. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased February 14, 1862
(Month) (Day) (Year)

8. AGE: Years 77 Months 7 Days 25 If less than one day
hr. min.

9. Birthplace Unknown. (City, town, or county) (State or foreign country)

10. Usual occupation No Occupation

11. Industry or business X

MOTHER FATHER
12. Name Unknown
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant's own signature E. Maloney
(b) Address 5800 Arsenal St.

17. (a) Burial (b) Date thereof 10/12/39
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Edith E. Ambruster
(b) Address 4234 Manchester

19. (a) OCT 11 1939 (b) [Signature]
(Date received local registrar) (Registered Embalmer)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis.
(c) City or town St. Louis, [17]
(If outside city or town limits, write "RURAL")
(d) Street No. 3663 Blaine.
(If rural, give location)
(e) If foreign born, how long in U. S. A. Unknown years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October 9, 1939 hour 9:00 minute a.m.

21. I hereby certify that I attended the deceased from February 16, 1939 to October 9, 1939
that I last saw him alive on October 9, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death:
Chronic myocarditis
Due to Generalized Atherosclerosis
Due to Senility
Other conditions (include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) (a) Means of injury
23. Signature [Signature] (M. D. or other)
Address 5800 Arsenal Date signed

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 _____

_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed _____
Sharon Eyrack

Licensed Embalmer No. 1284

P.O. Address _____
St Louis Mo

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 this body is not embalmed, above space should be left blank.