

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

JAN 10 1937

1. PLACE OF DEATH

County.....

Registration District No.....

791

Township.....

Primary Registration District No.....

1003

City St. Louis

(No. City Hospital No. 1)

File No.....

43325

Registered No.....

12565

B. 12104

Baby Gentry

2. FULL NAME

(a) Residence, No. 1810 South 3rd St., 23 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

..... yrs. mos. ds.

How long in U. S., if of foreign birth?

..... yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 17, 1936

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, 3 hrs. or 55 min. 0 0 0 3 55

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

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, Missouri

FATHER 13. NAME Morris Gentry

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

MOTHER 15. MAIDEN NAME Hilda Schmidt

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

17. INFORMANT Hoap. Info. W. H. Kent (ADDRESS) City Hospital No. 1

18. BURIAL, CREMATION, OR REMOVAL PLACE, DATE

19. UNDERTAKER (ADDRESS) David M. Brown

20. FILED 19 DEC 22 1936 J. T. Brudeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/18/36, 19

22. I HEREBY CERTIFY, That I attended deceased from 11/17/36, 19, to 11/18/36, 19

I last saw him alive on 11/18/36, 19. Death is said to have occurred on the date stated above, at 4.00 a.m.

The principal cause of death and related causes of importance were as follows:

Tremor Date of onset 159

Other contributory causes of importance:

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) [Signature] (Address) City Hospital No. 1

