

**FILED SEP 8 1944**

Primary Registration District No. **1003**

**1. PLACE OF DEATH:**  
(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Homer G. Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 20 Days  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Missouri (b) County 000  
(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL") 921  
(d) Street No. 3107 Lawton Ave.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Ruth Ann Gentry  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

**MEDICAL CERTIFICATION**  
20. **DATE OF DEATH:** Month 4 day 19  
year 44 hour 1 minute 30 a.m.  
21. I hereby certify that I attended the deceased from 3-30  
\_\_\_\_\_ 19 44 to 4-19 19 44  
that I last saw her alive on 4-19 19 44  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced 0  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased 3 30 44  
(Month) (Day) (Year)

Immediate cause of death Prematurity Duration \_\_\_\_\_

**8. AGE:** Years \_\_\_\_\_ Months 20 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to Unknown  
Due to Unknown

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

10. Usual occupation \_\_\_\_\_  
11. Industry or business \_\_\_\_\_

**PHYSICIAN**  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name Mack Gentry  
13. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Azzia Lee Martin  
15. Birthplace Swift Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Esther M. Howard, R.N.  
(b) Address 2601 N. Whittier Street  
17. (a) Bureau (b) Date thereof AUG 24 1944  
(Burial, cremation, or removal) (City or town) (County) (State) (Month) (Day) (Year)  
(c) Place: burial or cremation CITY CEMETERY

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? \_\_\_\_\_  
(Specify type of place) (c) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director James Owens  
(b) Address City Health Dept  
19. (a) AUG 23 1944 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

23. Signature J. W. Ankler (M.D. or other) \_\_\_\_\_  
Address 2601 N. Whittier St. Date signed 8-21-44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

---

---

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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, fact should be so stated above.**