. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 29 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40507

Registration District No. 377 — Primary Registration District No. 6076 — Registrar's No. 2433

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Koch (rural) (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Robert Koch Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 454 days (Specify whether

In this community 7 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County [illegible]

(c) City or town St. Louis 17 (If outside city or town limits, write "RURAL")

(d) Street No. 2422a Cass 9 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME GENTRY, ELDADIE (Stewart)

3. (b) If veteran, name war

3. (c) Social Security No. 496-22-4693

4. Sex Female 3

5. Color or race Negro

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Eugene Gentry

6. (c) Age of husband or wife if alive years

7. Birth date of deceased January (Month) 15 (Day) 1923 (Year)

8. AGE: Years 24 | Months 10 | Days 5 | If less than one day hr. min.

9. Birthplace Mariana (City, town, or county) Arkansas (State or foreign country) 1

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Augustus Campbell 1
13. Birthplace Clarksdale (City, town, or county) Mississippi (State or foreign country)

MOTHER
14. Maiden name Anabelle Turner
15. Birthplace ? (City, town, or county) Mississippi (State or foreign country)

16. (a) Informant Hospital Records
(b) Address Robert Koch Hospital

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-25-47 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director C. T. Hoch
(b) Address 3947 Pecos Bank

19. (a) 11-24-47 (Date received local registrar) Cecil A. Clark (Registrar's signature) [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 20 year 1947 hour 5 minute 20 A. M.

21. I hereby certify that I attended the deceased from 8-23- 1946 to 11-20- 1947; that I last saw her alive on 11-20- 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Tuberculosis	5 yrs. (??)
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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PHYSICIAN — Underline the cause of 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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature Bernard Friedman (M. D. or other) M.D.

Address Robert Koch Hospital Date signed 11-20-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Charles D King Registered Apprentice No. 475 working under my personal supervision.

Signed C. T. Nash

Licensed Embalmer No. 2432

P. O. Address 3847 Page Boul

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.