

FILED APR 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10074
2676

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 4319 Jessica	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Harry b. (Middle) Edward c. (Last) Gentemann			4. DATE OF DEATH - 3/24/49 (Month) (Day) (Year)					
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 6/10/1914	9. AGE (In years last birthday) 34	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist		10b. KIND OF BUSINESS OR INDUSTRY Monsanto Chem. Co. Silex, Mo.		11. BIRTHPLACE (State or foreign country) D		12. CITIZEN OF WHAT COUNTRY?		

13a. FATHER'S NAME Henry Gentemann		13b. MOTHER'S MAIDEN NAME Bertie Womack		14. NAME OF HUSBAND OR WIFE Ursaline Gentemann			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. 492-09-6142		17. INFORMANT'S SIGNATURE OR NAME Ursaline Gentemann		ADDRESS 4319 Jessica	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Electrocution suffered when</u> ANTECEDENT CAUSES <u>193</u> <u>deceased was electrocuted while</u> <u>working in 423 Building of</u> <u>Monsanto Chemical Company</u> <u>Plant at 117 Russell Ave</u> <u>1035 and Mar 24 1949. When</u> <u>deceased came in contact with</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>apex switchbox</u> <u>Accident</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>apex switchbox</u> <u>Accident</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	

21a. ACCIDENT (Specify) Suicide Homicide <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>Plant</u>		21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) <u>St Louis Mo MO</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Mar 24 49 1035</u> <u>4 m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1155A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Joseph M. Quinn</u> (Degree or title)		23b. ADDRESS <u>1300 Clark</u>		23c. DATE SIGNED <u>3/25/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/28/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Millwood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Millwood, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>MAR 25 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Sasser</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>SULLIVAN FUN. DIRECTORS</u>		ADDRESS <u>2849 NO. EUCLID</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1/10/50

Coroners Case

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Robert L. Brunkman

Licensed Embalmer No. 3553

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.