

FILED MAY 13 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17274

97050

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1003

State File No. 4187

Registrar's No.

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY-REG. DIST. NO. _____		State File No. 4187					
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo.				c. LENGTH OF STAY (in this place)				c. CITY (If outside corporate limits, write RURAL and give township) St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1.				d. STREET ADDRESS 3815 Magnolia Ave.							
3. NAME OF DECEASED (Type or Print)			a. (First) MATTIE			b. (Middle) Stella			c. (Last) GENTLE		
4. DATE OF DEATH			May 6th, 1949			5. SEX Female			6. COLOR OR RACE White		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)			Widow			8. DATE OF BIRTH Sept. 2, 1885			9. AGE (In years last birthday) 63		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			Pastry Cook			10b. KIND OF BUSINESS OR INDUSTRY Mo. School of Blind			11. BIRTHPLACE (State or foreign country) Sharon Grove, Ky.		
12. CITIZEN OF WHAT COUNTRY? U.S.			13a. FATHER'S NAME William Hester			13b. MOTHER'S MAIDEN NAME Augusta Shemwell			14. NAME OF HUSBAND OR WIFE August Gentle		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. Unknown			17. INFORMANT'S SIGNATURE OR NAME Mabel Cornelius			ADDRESS 2518 St. Xavier St. Louisville, Ky.		
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, ashenia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH 12 days			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Hypertension</u>							
				DUE TO (c)							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.											
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)			21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			82W		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? 331X					
22. I hereby certify that I attended the deceased from <u>4/27/49</u> , 19 <u>49</u> , to <u>5/6/49</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>5/6/49</u> , and that death occurred at <u>1:30am</u> m., from the causes and on the date stated above.											
23a. SIGNATURE <u>L. M. Landon, M.D.</u> (Degree or title)						23b. ADDRESS 1515 Lafayette Ave.,			23c. DATE SIGNED 5/6/49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal			24b. DATE 5-7-49			24c. NAME OF CEMETERY OR CREMATORY Elkton, Ky.			24d. LOCATION (City, town, or county) (State)		
DATE REC'D BY LOCAL MAY 6 1949			REGISTRAR'S SIGNATURE <u>J. B. Sasser</u>			25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe,			ADDRESS 4700 Washington Blvd.		

(Licensed Embalmer's Statement on Reverse Side)

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

17

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 me

Student Embalmer No. ....

working under my personal supervision.

Signed

Isaac W. Wilkinson

Signed .....  
Student Embalmer

Licensed Embalmer No. 3575

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, fact should be so stated above.