FILED DEC 18 1950

STANDARD CERTIFICATE OF DEATH

42273

State File No. 10392

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

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis
c. LENGTH OF STAY (in this place)

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Illinois
b. COUNTY

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Freeman Spur

d. STREET ADDRESS (If rural, give location): 8720

3. NAME OF DECEASED (Type or Print)
a. (First): Thomas
b. (Middle):
c. (Last): Gentry

4. DATE OF DEATH (Month) (Day) (Year): 12-5-1950

5. SEX: male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Feb-7-1903
9. AGE (In years last birthday): 47 | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner
10b. KIND OF BUSINESS OR INDUSTRY: Coal
11. BIRTHPLACE (State or foreign country): Piper Alabama
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Wm F Gentry
13b. MOTHER'S MAIDEN NAME: Dollie Bingham
14. NAME OF HUSBAND OR WIFE: Neva

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Spur ADDRESS: Neva Gentry - Freeman [illegible]

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Hypernephroma left kidney — INTERVAL BETWEEN ONSET AND DEATH: about 4 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

1. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Metastases to right side of brain — about 3 mo

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 180 X

22. *I hereby certify that I attended the deceased from* 12/4, 1950, *to* 12/5, 1950, *that I last saw the deceased alive on* 12/5, 1950, *and that death occurred at* 1:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Sam F Beam MD
23b. ADDRESS: 3720 Washington
23c. DATE SIGNED: 12/5/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 12-5-50
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county): Herrin (State): Ill

DATE REC'D BY LOCAL REG.: DEC 6 1950
REGISTRAR'S SIGNATURE: J. B. Lasater
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Rowland Mortuary Service Inc. 4104 Manchester Ave. St. Louis 10, Mo.

(Licensed Embalmer's Statement on Reverse)

WRITE PLAINLY—USING 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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed J. Allen Davis Jr

Signed.....
Student Embalmer

Licensed Embalmer No. 4053

P. O. Address St Louis 10 M

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.