

FILED FEB 14 1952

THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2823**
REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1002** Registrar's No. **0959**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		a. STATE Missouri b. COUNTY	
c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) 2249 St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION XX Marian Hospital		d. STREET ADDRESS (If rural, give location) 24 3118 S. 7th St	

3. NAME OF DECEASED (Type or Print) a. (First) Jeff b. (Middle) c. (Last) Gentry		4. DATE OF DEATH (Month) (Day) (Year) Jan 30 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb 2, 1903
9. AGE (In years last birthday) 48		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trunk Maker	11. BIRTHPLACE (State or foreign country) Pocahontas, Ark.
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Bob Gentry	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Lucille Gentry
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. Unk	17. INFORMANT'S SIGNATURE OR NAME Lucille Gentry
		ADDRESS 3118 S. 7th St

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		2 months
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) mitral Regurgitation		4 years
DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Gastric Uleer		5 years	

19a. DATE OF OPERATION June 19, 1947	19b. MAJOR FINDINGS OF OPERATION Gastric Uleer (St. Louis city Hospital)	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR 5400

22. I hereby certify that I attended the deceased from **7-1, 1948**, to **Jan 30, 1952**, that I last saw the deceased alive on **12-22, 1951**, and that death occurred at **1:50p m.**, from the causes and on the date stated above.

23a. SIGNATURE Leroy Ellison M.D.	23b. ADDRESS 3610 So. Broadway	23c. DATE SIGNED JAN 31 1952
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 1-30-52	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Pocahontas Ark
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DATE REC'D BY LOCAL REG. JAN 31 1952	REGISTRAR'S SIGNATURE Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe	ADDRESS 4700 Washington Blvd.
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(Licensed Embalmer's Statement on Reverse Side)

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.

Signed.....
Student Embalmer

Signed.....

Student Embalmer No.....

Licensed Embalmer No. 4108

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.