

FILED JUL 24 1952

STANDARD CERTIFICATE OF DEATH

State File No. 26073  
Registrar's No. 6618

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis Co	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) 20 Villa wood Lane 4610	
c. LENGTH OF STAY (If this place) 11 days		d. STREET ADDRESS (If rural, give location) Webster Groves 61'	
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital			

3. NAME OF DECEASED (Type or Print) GRACE McENTIRE			4. DATE OF DEATH (Month) (Day) (Year) July 5, 1952		
a. (First)		b. (Middle)		c. (Last)	

5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 11, 1914		9. AGE (In years last birthday) 38		10. IF UNDER 1 YEAR Months		11. IF UNDER 24 HRS Days		12. IF UNDER 2 HRS Hours		13. IF UNDER 15 MIN Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife						10b. KIND OF BUSINESS OR INDUSTRY						11. BIRTHPLACE (City and State or Foreign Country) Doniphan Mo. 0				12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME George Hawkins			13b. MOTHER'S MAIDEN NAME Edna Tatten			14. NAME OF HUSBAND OR WIFE Curtis McEntire		
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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. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Edna Hawkins		ADDRESS 20 villawood La.	
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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) Subdural hemorrhage  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic biliary cirrhosis DUE TO (c) Stricture of bile duct  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None						INTERVAL BETWEEN ONSET AND DEATH 1 or 2 days 5 yrs 5 yrs	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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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 5810	
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22. I hereby certify that I attended the deceased from Feb. 24, 1951, to July 5, 1952, that I last saw the deceased alive on July 5, 1952, and that death occurred at 5:45 P.M. from the causes and on the date stated above.

23a. SIGNATURE <i>Le. S. G. [Signature]</i>		(Degree or title) M.D.		23b. ADDRESS 457N. Kingshighway, St. Louis, Mo.		23c. DATE SIGNED 7/8/52	
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24a. BURIAL, CREMATION REMOVAL (Specify) Removal		24b. DATE July 9, 1952		24c. NAME OF CEMETERY OR CREMATORY New Hope Cem.		24d. LOCATION (City, town, or county) (State) Doniphan, Mo.	
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DATE REC'D BY LOCAL REG. JUL 8 1952		REGISTRAR'S SIGNATURE <i>J. Carl Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE Jos. W. Clark		ADDRESS 1125 Hodiament Ave.	
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m.f.B. (Licensed Embalmer's Statement on Reverse Side)

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

Dr. *Boedecker*  
407 N. Kings Highway  
No. 5308. 155 PM

**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 *Alfred J. Boedecker*  
Licensed Embalmer No. 2663

P. O. Address 1125 Hodiament Ave.

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.