

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44055

State File No.

S. No. 300
V. 10.48

JAN 8 - 1953

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

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>547</u>		Registrar's No. <u>3336</u>	
1. PLACE OF DEATH a. COUNTY ST. LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RICHMOND HEIGHTS		c. LENGTH OF STAY (In this place) 9 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City 437 1/2			
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. MARY'S HOSPITAL				d. STREET ADDRESS (If rural, give location) 540 North & South Road			
3. NAME OF DECEASED (Type or Print) a. (First) EDNA			b. (Middle) Vines		c. (Last) GENTRY.		4. DATE OF DEATH (Month) (Day) (Year) DEC. 29-1952
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2	8. DATE OF BIRTH FEB. 17, 1877		9. AGE (In years last birthday) 75	10. MONTHS 11	11. DAYS 29
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired-house wife			10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (City and State or Foreign Country) Van Buren, Arkansas		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME James Vines			13b. MOTHER'S MAIDEN NAME unk		14. NAME OF HUSBAND OR WIFE Frank Gentry		
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 ADDRESS Mrs. Irene G. Haines, 540 N. & S. Rd.			
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.		<p align="center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cardiac Metastasis</i></p> <p>ANTECEDENT CAUSES</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) <i>Myocardial infarct</i></p> <p>DUE TO (c) <i>Secondary infection</i></p> <p>II. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or condition causing death.</p>					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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)		4558	
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?			
22. I hereby certify that I attended the deceased from <i>Oct 15, 1951</i> , to <i>Dec 29, 1952</i> , that I last saw the deceased alive on _____, 19____, and that death occurred at <i>7:35A m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>A. Richter</i>				23b. ADDRESS <i>35 N Central</i>		23c. DATE SIGNED <i>Dec 29 52</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>12-30-52</i>		24c. NAME OF CEMETERY OR CREMATORY WASHINGTON, D. C.		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <i>12-29-52</i>		REGISTRAR'S SIGNATURE <i>Herbert A. ...</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS R. Lupton & Sons; 7233 Delmar Blvd.			

(Increased Embalmer's Statement on Reverse Side)

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 Arnold W. Schoene

Licensed Embalmer No. 3864

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.