MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

=62-033144

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 2332

FILED AUG 20 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1	4605
2	36-90
3	
4	1
5	1
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7	0
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12	46-0
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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ~~Clayton~~ RICHMOND HEIGHTS — Length of stay in 1b: 5 Weeks
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Marys Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Monroe.
c. CITY OR TOWN: Monroe City. — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 727 Stanton, Ave. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First / Middle / Last: Fay D. Gentry
4. DATE OF DEATH: Month / Day / Year: August 8, 1962.
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 6/14/'97
9. AGE (last birthday): 65 — IF UNDER 1 YEAR: Months 1 Days 28 — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Librarian
10b. KIND OF BUSINESS OR INDUSTRY: City Library
11. BIRTHPLACE (City and state or country): Monroe County Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.
13a. FATHER'S NAME: Perry Delaney
13b. MOTHER'S MAIDEN NAME: Eva Dooley
14. NAME OF HUSBAND OR WIFE: Christy Gentry.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ---
17. INFORMANT: Christy Gentry, Address: Monroe City, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Metastatic Carcinoma of Stomach — INTERVAL BETWEEN ONSET AND DEATH: 6 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from June 1st 1962, to Aug. 8th and last saw her/him alive on Aug 8th 1962
Death occurred at 7:00 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Warren H Marston MD
22b. ADDRESS: 607-N Grand St Louis Mo
22c. DATE SIGNED: Aug 10th 1962

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
23b. DATE: 8/10/1962
23c. NAME OF CEMETERY OR CREMATORY: St. Judes Cemetery.
23d. LOCATION (City, town, or county) (State): Monroe City, Mo.

24. FUNERAL DIRECTOR: Gardner Funl House — ADDRESS: Monroe City.
25. DATE RECD. BY LOCAL REG.: 8-11-62
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

MAY 7 1963

SEP 12 1962

Ben Franklin
Minority Club Bldg.

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_____
Signature of Student Embalmer

Signed Herbert J. Gan Jr

Licensed Embalmer No. 4800

P. O. Address Kirkwood 22 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.