

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

23172

1. PLACE OF DEATH

County.....

Registration District No.....

791

1003

File No.....

Township.....

Primary Registration District No.....

Registered No. 6644

City.....

St Louis (No. *2521 N Market*)

St.....

Ward.....

2. FULL NAME

Lorraine Gentleman

(a) Residence. No.....

St.,

20 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Female White

single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

May 31st 1924

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

5

0

19

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.

10. NAME OF FATHER

Alphonse Gentleman

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Italy

12. MAIDEN NAME OF MOTHER

Bertha Uhlman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.

14.

INFORMANT.....

(Address)

*Alphonse Gentleman
12521 N Market St*

15.

FILED.....

*May 21 1929
M. C. Stankov*

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

6/19 1929

17.

I HEREBY CERTIFY, That I attended deceased from

July 1928, to *June 1929*
that I last saw him alive on *June 19 1929*, and that death occurred, on the date stated above, at *9:45 p.m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS

Esygonia Cancer of Retina

(duration) yrs. *11* mos. ds.

CONTRIBUTORY (SECONDARY)

44

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) *B. J. Sheppard*, M. D.
6/21 1929 (Address) *1901 Madison*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

St Peters

6-21 1929

20. UNDERTAKER

ADDRESS

Arthur J. Donnelly

2037 Mark St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Mr. Stiegel
100 Madison St
St. Louis
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