

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

Do not use this space.

JAN 14 1935

44859

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City St. Louis (No. De Pauls Hosp) St. .... Ward)

**2. FULL NAME** Alphonse Gentleman

(a) Residence, No. 2521 N. Market St., 21 Ward. (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 16, 1889

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>Not known</u>	<u>45</u>	<u>10</u>	<u>2</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pipe fitter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Earle's Gas Light

10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illay

13. NAME Not known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illay

15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illay

17. INFORMANT Bertha Gentleman (ADDRESS) 2521 N. Market St.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Helens DATE Dec 21, 1934

19. UNDERTAKER By Reider's Undertaking Co. (ADDRESS) 1417 N. Market St.

20. FILED 1934 19 J. F. Brudeck Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 18<sup>th</sup>, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 14<sup>th</sup> 1934 to Dec 18<sup>th</sup> 1934

I last saw him alive on Dec 18<sup>th</sup> 1934 Death is said to have occurred on the date stated above, at 5:45 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Head Block Dec 5/34  
Initial symptoms: Sep 12/34  
acute respiratory 12/13/34  
 Other contributory causes of importance:  
130  
95 H

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify B 7 Steingul

(Signed) B 7 Steingul, M. D.

(Address) 1901 Madison

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.

WRITE PEANILEY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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16  
16  
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