JUN 26 1936

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

Do not use this space. 20598

1. PLACE OF DEATH
County St. Louis — Registration District No. 789 — File No.
Township Normandy — Primary Registration District No. 6033 — Registered No. 155
City Pine Lawn (No. 3718 Jennings road. St. Ward)

2. FULL NAME Barney Gent,
(a) Residence, No. 3 Glendale, St., Ward.
(Usual place of abode) Riverview Gardens, (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)
male	white	single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 19-1905

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	30	9	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Packer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Portland Cement Co.
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) Ark.

FATHER
13. NAME George Thomas Gent
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

MOTHER
15. MAIDEN NAME Hattie Newell,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

17. INFORMANT (ADDRESS) Hattie Gent 240 Laclac,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bethlehem Cem. DATE 5/23 1936

19. UNDERTAKER (ADDRESS) Friedrich Funeral Home 8319 Hallsbury Rd.

20. FILED 5-22- 1936 A. A. Boehmer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/20/1936, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4 PM m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Automobile accident leaving road and landing into telephone post on Bellefontaine road St. Ferdinand Township, causing mortal injury, as the following: Multiple

Other contributory causes of importance:
ramified fissured-fracture of the entire upper frontal bone and temporal bone right, with depressed

Name of operation Coroner's view Date of No.
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 5/21/36
(Signed) Luke B. Tinnon, M. D.
(Address) 3718 Jennings Rd.
Coroner St. Louis Co. Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

comminuted fractures of the lower frontal bone and all of the orbital crest and orbital socket, which penetrated the anterior right cerebral lobe of brain and mascerated the meninges. Masceration of all deltoid surface of the rt. upper arm. Multiple bruises and lacerations and contusions of the head, face and appendages.

Sec; Fracture of skull, brain injuries, brain hemorrhage and shock.