

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

Do not use this space.

JAN 10 1937

46365

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis, Mo. (No. St. John's Hospital)..... St. Ward)

**791
1008**

File No.....
Registered No. 12151

2. FULL NAME Beulah Gentle

(s) Residence, No. 706 N. Kingshighway St., 12 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 29, 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 2 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nil
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Ash Grove (STATE OR COUNTRY) Mo.

FATHER 13. NAME James M. Looney

14. BIRTHPLACE (CITY OR TOWN) Bagnell (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Mary Jane Gibbon

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

17. INFORMANT Mrs. Flossie Cuquet (ADDRESS) 706 N. Kingshighway

18. BURIAL, CREMATION, OR REMOVAL PLACE Lakewood Park DATE 12/11/36

19. UNDERTAKER Edith E. Ambrose (ADDRESS) 4234 Manchester

20. FILED DEC 10 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/9/36 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-2, 1936, to 12-9, 1936
I last saw her alive on 12-9-36, 19... Death is said to have occurred on the date stated above, at 6:30 A. M.

The principal cause of death and related causes of importance were as follows:
Acute Pulmonary Pericarditis Date of onset 11-20-36

Other contributory causes of importance?
90
Metastatic Abscesses of
Refrigerator
Symptomatic

Name of operation..... Date of.....
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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? NO
If so, specify.....
(Signed) J. F. Bredeck M. D.
(Address) Missouri Theatre Bldg.

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.

John Harrison
New Britain, Me.