S. No. 2
M—9-4-41
v. 5-17-39
I X29484

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 17 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4359

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 1456

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Parklane Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 96
(c) City or town Glendale 15 (If outside city or town limits, write "RURAL") NR
(d) Street No. 789 Glenvista Drive 0 (If rural, give location)
(e) Citizen of foreign country? / (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John H. Gentsh

3. (b) If veteran, name war None
3. (c) Social Security No.

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years

7. Birth date of deceased March (Month) 26th (Day) 1909 (Year)

8. AGE: Years 32 Months 10 Days 20 If less than one day hr. min.

9. Birthplace Columbia (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation Laborer
11. Industry or business Small Arms Plant

FATHER
12. Name Bernard Gentsch
13. Birthplace (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Dena Bucker
15. Birthplace Starkenburg (City, town, or county) Mo. (State or foreign country) 0

16. (a) Informant Mrs. John Krauss
(b) Address 789 Glenvista Dr.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-18-42 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Peter & Paul
18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway Blvd.
19. (a) FEB 16 1942 (Date received local registrar) J. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 15th year 1942 hour 1 minute P.M. M.

21. I hereby certify that I attended the deceased from Feb-2-, 1942 to Feb-15-, 1942 that I last saw him alive on Feb-15-42, 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Lymphatic Leukemia

Due to

Due to

Other conditions Enlarged Thymous Gland
(Include pregnancy within 3 months of death)

Major findings:
Of operations none 7 a
Of autopsy as stated above
Dr S Katz at Park Lane Hospital

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no accident
(b) Date of occurrence
(c) Where did injury occur? none (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? No Injury (Specify type of place)
While at work? (e) Means of injury none

23. Signature Dr M F Harmann (M. D. or other)
Address 2739 N Grand Date signed 2-16-42

(Licensed Embalmer's Statement on Reverse Side)

3717 N. Grand
Fr 2 & 11

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 .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Reinhold K. Lehrmann

Licensed Embalmer No. 3395

P. O. Address .....

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