

FILED APR 13 1942 791

State File No.

Registration District No.

Primary Registration District No. 1003

Registrar's No. 2658

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None Enroute to City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 (Specify whether years, months or days)
In this community 25 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 26
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2209a Hadley Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

3. (a) PRINT FULL NAME Joshua Daniel Gentry

3. (b) If veteran. name war None 3. (c) Social Security No. 428-16-2043

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Kate Gentry 6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased June 22 1889
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
52 9 0 hr. min.

9. Birthplace Katys Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Dishwasher

11. Industry or business Cafeteria

12. Name Thomas Gentry
13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Kate Gentry
(b) Address 2209 Hadley St
17. (a) Burial (b) Date thereof 3 25 42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Frieden's Cemetery

18. (a) Signature of funeral director Brockland
(b) Address 1827 Hogan St

19. (a) MAR 24 1942 (b) J. F. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22, 1942
year 1942 hour 12:00 minute P.M.

21. I hereby certify that I attended the deceased from 19..... to 19.....
that I last saw h..... alive on 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis; Chronic Nephritis
Due to Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1/21/42
Of autopsy

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).....
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) While at work?..... by means of injury.....
23. Signature W. H. ... (M. D. or other)
Address Deputy Coroner Date signed 3/23/42

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

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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 G. W. Wilkins

Licensed Embalmer No. 3575

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.