

FILED JUN 10 1942

4659

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days
In this community 18 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 11
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 3110 Magazine
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Dennis Entrel

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race col 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug 15 1875
(Month) (Day) (Year)

8. AGE: Years 66 Months 9 Days 9 If less than one day _____ hr. _____ min.

9. Birthplace unk Texas
(City, town, or county) (State or foreign country)

10. Usual occupation _____
11. Industry or business _____
12. Name Harry Entrel
13. Birthplace unk W. Va
(City, town, or county) (State or foreign country)
14. Maiden name Frances Robinson
15. Birthplace unk W. Va
(City, town, or county) (State or foreign country)

16. (a) Informant David Entrel
(b) Address 4516 Evans Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-30-42
(Month) (Day) (Year)

(c) Place: burial or cremation Washington Base
18. (a) Signature of funeral director J. H. Raballe
(b) Address 3133 Ball Ave

19. (a) MAY 29 1942 (Date received local registrar) J. F. Orzech (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24, year 1942 hour 6 minute 00 A. M.
21. I hereby certify that I attended the deceased from May 18, 1942, to May 24, 1942, that I last saw him alive on May 24, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease

Duration Unk.

Due to _____
Due to _____
Other conditions (Includes pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

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? _____

While at work? _____ (Specify type of place) _____ (e) Means of injury _____
23. Signature J. E. Smith (M. D. or other) Address 2601 Whittier Date signed 5/25/42

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

00
17
9

MOTHER FATHER

844

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.....

William Claude Gordon

Licensed Embalmer No.....

3489

P. O. Address.....

2649 Delmar

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.