

No. 2
-2-43
-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 20 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16359

State File No.

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **4435**

1. PLACE OF DEATH:

(a) County.....

(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4266 Lee Ave /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **None**
(Specify whether)

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
17

(c) City or town **St. Louis** (If outside city or town limits, write "RURAL") **910**

(d) Street No. **4266 Lee Ave**
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **Eva V. Gentry**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

4. Sex **Female** / Color or race **White**

5. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **William E. Gentry**

6. (c) Age of husband or wife if alive **65** years

7. Birth date of deceased **April 4, 1884**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

60 **1** **7** hr. min.

9. Birthplace **Unknown** **Mo. 0**
(City, town, or county) (State or foreign country)

10. Usual occupation **At home**

11. Industry or business.....

12. Name **Jacob J. Long**

13. Birthplace **Unknown** **Mo. 0**
(City, town, or county) (State or foreign country)

14. Maiden name **Cynthia A. Hunt**

15. Birthplace **Unknown** **Mo. 0**
(City, town, or county) (State or foreign country)

16. (a) Informant **William E. Gentry**

(b) Address **4266 Lee Ave**

17. (a) **Burial** (b) Date thereof **5/15/44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sunset Burial Park**

18. (a) Signature of funeral director **Math Hermann & Son**

(b) Address **2161 East Fair Ave**

19. (a) **MAY 20 1944** **J. F. Buresch**
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **11th**
year **1944** hour **11:00** PM minute **00** M.

21. I hereby certify that I attended the deceased from **March 10, 1944**
to **May 11, 1944**
that I last saw h..... alive on.....
and that death occurred on the date and hour stated above.

Immediate cause of death **Hemorrhage** Duration.....

Due to **Carcinoma of the urinary bladder**

Due to.....

Other conditions.....
(Include 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 **Samuel Bernwald** (M.D. or other) **M.D.**

Address **4150 N. Newstead** Date signed **5-12-44**

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

MOTHER FATHER

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 G. Buchholz

Licensed Embalmer No. 2116

P. O. Address St. Louis, Mo.

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.