V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 7 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31730

Registration District No. 317 Primary Registration District No. 2002 Registrar's No. 2028

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town University City,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6531 Plymouth Ave.,
(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
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. 6531 Plymouth Ave.,
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME James F. Gentry.
3. (b) If veteran, name war No
3. (c) Social Security No.
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Teresa Gentry
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March 25, 1865. (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	79	6	8	hr. min.

9. Birthplace Kentucky (City, town, or county) (State or foreign country)
10. Usual occupation Retired Carpenter
11. Industry or business
FATHER
12. Name Joseph F. Gentry
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Don't Know
15. Birthplace Kentucky (City, town, or county) (State or foreign country)
16. (a) Informant Alvin W. Gentry
(b) Address 6531 Plymouth Ave.,
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 6 44 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem.,
18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont Ave.,
19. (a) OCT 6 (Date received local registrar) (b) E. G. McGovran M.D. (Registrar's signature) cms

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 3
year 1944 hour 4.15 minute P.M. M.
21. I hereby certify that I attended the deceased from Sept 26, 1944, to October 3, 1944
that I last saw him alive on Oct 2, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic myocarditis (with decompensation)	years
Due to	
Due to 930	
Other conditions General arteriosclerosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none

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? (e) Means of injury 0
23. Signature E. J. Javary (M. D. or other)
Address 607 N. Hand Blvd Date signed 10/4/44

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7-44

(Licensed Embalmer's Statement on Reverse Side)

OCT 9 1944

Dr. E.J.Javaux,
University Club Bldg.,
12;3 P.M.
JE. 9588.

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 Jas. W. Clark

Licensed Embalmer No. 1661

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.