

FILED JUN 27 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 21949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 1258

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

1. PLACE OF DEATH a. COUNTY <u>St Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kinloch</u>	
c. LENGTH OF STAY (in this place) <u>12 hrs</u>		d. STREET ADDRESS (If rural, give location) <u>Evelyn ave</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Louis County Hosp</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Thelma</u> b. (Middle) _____ c. (Last) <u>Sentell</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5 21 1949</u>	
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>6-26-1909</u>	9. AGE (In years last birthday) <u>39yrs</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>26</u>	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>St, Louis</u>		12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Charles Sentell</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mary Mosley Lyons &amp; Banard</u> ADDRESS <u>Kinloch</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>		
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>3 2 1/2 hrs</u> <u>830</u>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>Slight bronchopneumonia</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from May 20, 1949, to May 21, 1949, that I last saw the deceased alive on May 21, 1949, and that death occurred at 5:15a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>John W. Fries</u> (Degree or title) _____	23b. ADDRESS <u>no. 6 601 Brentwood, Clayton</u>	23c. DATE SIGNED <u>5-21-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) _____	24b. DATE <u>5-27-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Washington Pk. Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>5-23-49</u>	REGISTRAR'S SIGNATURE <u>Thelma L. Lunn</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Boyd Bros Linc &amp; Stanger</u> ADDRESS <u>Kinloch</u>
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mo.

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 \_\_\_\_\_

*Kennedy Williams*

Student Embalmer No. *300*

working under my personal supervision.

Signed *Kennedy Williams*  
Student Embalmer

Signed *Edward A. Flynn*  
Licensed Embalmer No. *4444*  
P. O. Address *4549 9<sup>th</sup> Ave*

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.

*Ln 7664*