

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED APR 26 1955

State File No. **13010**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **306** PRIMARY REG. DIST. NO. **6048** Registrar's No. **69**

1. PLACE OF DEATH a. COUNTY <b>St. Charles</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE <b>Missouri</b> b. COUNTY <b>St. Charles</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>O'Fallon</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>O'Fallon</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Henry</b>	b. (Middle) <b>B.</b>	c. (Last) <b>Gentemann</b>	4. DATE OF DEATH (Month) (Day) (Year)
				<b>April 19 1955</b>

5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct. 25 1872</b>	9. AGE (In years last birthday) <b>82</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, except retired) <b>retired merchant</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>lumber</b>	11. BIRTHPLACE (State or foreign country) <b>O'Fallon Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>John Gentemann</b>	13b. MOTHER'S MAIDEN NAME <b>Sommers</b>	14. NAME OF HUSBAND OR WIFE <b>Catherine Gentemann</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>494-03-1931</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Ralph Gentemann</b>	ADDRESS <b>St. Charles Mo.</b>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>10 mo.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Epidermoid Carcinoma of Neck</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Probable Generalized Calcemalacia</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Oct 1954**, to **15 Apr 1955**, that I last saw the deceased alive on **15 Apr 1955**, and that death occurred at **8 P m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Gene J. DeMonte M.D.</b>	23b. ADDRESS <b>O'Fallon Mo</b>	23c. DATE SIGNED <b>April 27 1955</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Apr. 22 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Assumption</b>	24d. LOCATION (City, town, or county) (State) <b>O'Fallon Mo.</b>
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DATE REC'D BY LOCAL REG <b>April 22 - 55</b>	REGISTRAR'S SIGNATURE <b>E. A. Keithley 280-0</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>E. A. Keithley</b>	ADDRESS <b>O'Fallon Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

921

0920  
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MAY 10 1959

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*E. Keithly*

Licensed Embalmer No. 822

P. O. Address 9 Fallon 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.