

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019383
State File No.

FILED JUN 11 1958

BIRTH NO. _____		REG. DIST. NO. <u>306</u>		PRIMARY REG. DIST. NO. <u>6048</u>		Registrar's No. <u>46</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Charles</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>O'Fallon Dardennes</u>)		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>O'Fallon</u>		920/10	
d. FULL NAME OF HOSPITAL OR INSTITUTION -----				d. STREET ADDRESS (If rural, give location) <u>RRI</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Anton</u>		b. (Middle) <u>F.</u>		c. (Last) <u>Gentemann</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 4 1958</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Dec. 22 1876</u>		9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Stock & Grain</u>		11. BIRTHPLACE (State or foreign country) <u>O'Fallon Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>James Gentemann</u>		13b. MOTHER'S MAIDEN NAME <u>Saali</u>		14. NAME OF HUSBAND OR WIFE <u>Louise Gentemann</u>			
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>490-44-3062</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Louise Gentemann O'Fallon Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY Occlusion</u>				<u>1 min</u>	
		ANTECEDENT CAUSES					
		<p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) <u>Arteriosclerotic Heart Disease</u></p> <p>DUE TO (c)</p>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) <u>4200</u>			
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 <u>Sept 1957</u> to <u>4 June 1958</u> , that I last saw the deceased alive on <u>4 June 1958</u> , and that death occurred at <u>2 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Kenneth D. Minter</u> (Degree or title)				23b. ADDRESS <u>O'Fallon, Mo.</u>		23c. DATE SIGNED <u>16/6/58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 7 1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Assumption</u>		24d. LOCATION (City, town, or county) (State) <u>O'Fallon Mo.</u>		
DATE REC'D BY LOCAL REG. <u>6-7-58</u>		REGISTRAR'S SIGNATURE <u>E. Keithly</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E. Keithly O'Fallon Mo</u>			

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

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JUN 17 1958

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. A. Keathly

Licensed Embalmer No. 842

P. O. Address 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.