Health, & Welfare Public Service

S. 300
. 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-019706
STATE FILE NUMBER

FILED JUN 11 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5537

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis 0 — Inside Limits Yes [X] No [ ]

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cochran Hospital — Length of stay in lb 37 days

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2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Illinois b. COUNTY St. Clair

c. CITY OR TOWN E. St. Louis 81208 — Inside Limits Yes [X] No [ ]

d. STREET ADDRESS (If outside, give location) 1720 Tudor Ave — Reside on Farm Yes [ ] No [ ]

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3. NAME OF DECEASED (Type or print) First SIDNEY Middle HERRON Last GENTRY

4. DATE OF DEATH Month May Day 25, Year 1958

5. SEX Male 2

6. COLOR OR RACE Col

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH Nov. 2, 1893

9. AGE (In years last birthday) 64 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad Loborer

10b. KIND OF BUSINESS OR INDUSTRY Unemployed

11. BIRTHPLACE (City and state or country) Kohoma, Miss

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Isom Herron

13b. MOTHER'S MAIDEN NAME Minnie Lark

14. NAME OF HUSBAND OR WIFE Amanda A. Gentry

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W.#1

16. SOCIAL SECURITY NO. Unk

17. INFORMANT Address Amanda A. Gentry, 1720 Tudor Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) Post operative ileus secondary to right colectomy for carcinoma of the cecum; diabetes mellitus and bilateral chronic sub-dural hematoma; suffered in fall to floor at Veteran's Hospital, on the 21st of May, 1958. ACCIDENT

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [X] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) see above E904.7

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 5/21/58

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20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) hospital

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20f. CITY, TOWN, OR LOCATION 000 COUNTY STATE St. Louis, Mo.

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 3:23 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) James M Kelly Deputy Coroner

22b. ADDRESS 1300 Clark

22c. DATE SIGNED 5/27/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 5/29/58

23c. NAME OF CEMETERY OR CREMATORY National

23d. LOCATION (City, town, or county) (State) Jefferson Bks., Mo

24. FUNERAL DIRECTOR ADDRESS R. M. C. Green, 4060 Washington

25. DATE RECD. BY LOCAL REG. MAY 27 '58

26. REGISTRAR'S SIGNATURE Carl Smith MD GP

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 .....
Signature of Student Embalmer

Signed Melvin E. Gue

Licensed Embalmer No. 4428

P. O. Address St. Louis

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.