

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

1. PLACE OF DEATH  
 County St. Louis Registration District No. 231 File No. 34102  
 Township Jewish Hospital Precinct Registration District No. 2002 Registered No. 10045  
 City Jewish Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Homer P. Genuine  
 (a) Residence No. 2017 1/2 St East St. Louis Ill (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. da. 70 How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Netta Genuine

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 9-1899

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
42      4      12

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Electrician  
 (b) General nature of industry, business, or establishment in which employed (or employer) self  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

10. NAME OF FATHER Jacob Genuine

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ill.

12. MAIDEN NAME OF MOTHER May L. Martin

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ind

14. INFORMANT Gred Genuine  
 (Address) 2017 1/2 St East St. Louis

15. FILED 23 may 6 Starkoff REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12/21 1921

17. I HEREBY CERTIFY, That I attended deceased from 12/18/21 to 12/21/21, 1921, that I last saw him alive on Dec 21, 1921, and that death occurred, on the date stated above, at 6:45 A.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Pneumonia Bronchi

CONTRIBUTORY (SECONDARY) Sarcoma of mediastinum  
 (duration) yrs. mos. ds. 7

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? yes DATE OF 12/13/21

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Herman M. Meyer, M.D.  
 , 19 (Address) 5415 Delaney Blvd

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

W. Hope 12-23 1921

20. UNDERTAKER W. Hope ADDRESS

W. Hope E. St. Louis Ill

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

