

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

Do not use this space.

18541

**1. PLACE OF DEATH**

County ..... Registration District No. 701  
Township ..... Primary Registration District No. 2003  
City St. Louis (No. 3509 Clarence) St. .... Ward)

File No. ....  
Registered No. 4809  
St. .... Ward)

**2. FULL NAME**

William Genail  
(a) Residence, No. 3509 Clarence St. 9 Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**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 Anne Calligan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 29 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
66 7 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Witch main

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seulvic Steel

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....  
1923

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

13. NAME Jean Genail

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

15. MAIDEN NAME Elizabeth Rittenhouse

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) East St. Louis Ill

17. INFORMANT (ADDRESS) Anna Genail 3509 Clarence

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE May 31 1923

19. UNDERTAKER (ADDRESS) Thomas J. Sullivan 1517 S. Grand

20. FILED JUN - 1 1923 J. J. Wredeck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31, 1923

22. I HEREBY CERTIFY, That I attended deceased from March 26, 1923, to May 31, 1923

I last saw him alive on May 31, 1923 Death is said to have occurred on the date stated above, at 6:15 P.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis Chronic  
93C  
97  
93C

Date of onset Don't know

Other contributory causes of importance: Arteriosclerosis

Do not know

Name of operation ..... Date of .....  
9

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ..... Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) L. P. Ritter, M.C.  
(Address) 2548 Woodson Road Overland, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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