

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

Do not use this space.

OCT 11 1934

34731
9595

1. PLACE OF DEATH

County..... Registration District No. **291**
Township..... Primary Registration District No. **1008**
City **St. Louis** (No. **Jewish Hospital**) St. Ward)

2. FULL NAME

(a) Residence, No. **2708 Marcus** St., **11** Ward.
(Usual place of abode) (If nonresident, give city or town and State)
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.

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 Annie Genna		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 9, 1887		
7. AGE	YEARS 47	MONTHS 1
	DAYS 19	IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Barber	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy		
FATHER	13. NAME Giuseppe Genna	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy	
MOTHER	15. MAIDEN NAME Leonarda Flocci	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy	
17. INFORMANT (ADDRESS) Mrs Annie Genna 2708 Marcus		
18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Oct 1, 34		
19. UNDERTAKER (ADDRESS) Dehnert & Schaefer 1108 N. 9th St.		
20. FILED 30 1934. 19. J. B. Bredick Registrar.		

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept 28, 1934**

22. I HEREBY CERTIFY That I attended deceased from **Sept 25, 1934**, to **Sept 28, 1934**
I last saw him alive on **Sept 28, 1934**. Death is said to have occurred on the date stated above, at **11:20** a.m.
The principal cause of death and related causes of importance were as follows:

Lobar pneumonia	Date of onset
108	
106	

Other contributory causes of importance

Name of operation Date of
What test confirmed diagnosis? **X Ray** 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?
If so, specify **Sawyer** M. D.
(Signed) **Sawyer** M. D.
(Address) **1027 No. Theater Bldg**

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.

Sn. Wernersmann
No Theatre Street
No 705 - 1