

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

Do not use this space.

**JUN 28 1937**

1. PLACE OF DEATH  
 County St Charles Registration District No. 757  
 Township \_\_\_\_\_ Primary Registration District No. 3036  
 City St Charles (No. 2048) 73rd St  
 Registered No. 21145  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Patricia Ann Genz  
 (a) Residence, No. St Charles Mo 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 Female  
 4. COLOR OR RACE White  
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 27<sup>th</sup> 1934

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<u>3</u>	<u>10</u>	<u>6</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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

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) St Charles Mo.

13. NAME Stephen Genz

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Maria Rich

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Stephen Genz  
 (ADDRESS) St Charles Mo.

18. BURIAL, CREMATION, OR REMOVAL St Charles Mo.  
 PLACE Borromeo Cem DATE May 6 1937

19. UNDERTAKER H. B. Hallmeyer & Sons Co  
 (ADDRESS) St Charles Mo.

20. FILED 5/6 1937 Clarence H. Thesler  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5<sup>th</sup> 1937

22. I HEREBY CERTIFY, That I attended deceased from March 5 1937, to May 4 1937  
 I last saw her alive on May 4<sup>th</sup> 1937. Death is said to have occurred on the date stated above, at C. C., m.  
 The principal cause of death and related causes of importance were as follows:  
Broncho Pneumonia  
Acute Enteritis.  
 Date of onset 5/1/37.  
5/2/37.

Other contributory causes of importance: 119th

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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. Home

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_  
 (Signed) Vincent A. Schmidt, M. D.  
 (Address) St Charles Mo

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.

