DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 12 1940

Registration District No. 701 1003

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41923

Primary Registration District No.

Registrar's No. 11046

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.

1. PLACE OF DEATH:

(a) County 2

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4734 Bonita
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution
(Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis 2
(If outside city or town limits, write "RURAL")

(d) Street No. 4734 Bonita
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Genevieve Remspecher 521

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Henry

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased August (Month) 24 (Day) 1886 (Year)

8. AGE: Years 53 Months 4 Days 1 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name James Ryan

13. Birthplace Unknown (City, town, or county) (State or foreign country)

14. Maiden name Jennie Carey

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Henry Remspecher

(b) Address 4734 Bonita

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-28-39 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Schumacher Bros

(b) Address 3013 Meramec

19. (a) DEC 27 1939 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 25 year 1939 hour 7.10 A.M. minute M.

21. I hereby certify that I attended the deceased from Nov. 1, 1939 to Dec. 25, 1939 that I last saw he alive on December 25, 1939 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Ovary — Duration 4 mos

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations Cancer of Ovary - Oct. '39

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature N. A. Schneider, M.D. (M. D. or other)

Address 3318 S. Grand Date signed 12-26-39

(Licensed Embalmer's Statement on Reverse Side)

7 pm

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 ..... George Michaelsen ....., Registered Apprentice No. ..... working under my personal supervision.

Signed George Michaelsen

Licensed Embalmer No. 2906

P. O. Address 30x3 Nuanue

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.