S. No. 2
M—11-10-39
ev. 5-17-39
I X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 25 1940

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23506

Primary Registration District No. 1003

Registrar's No. 595

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution: City Hospital. (If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County.....

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

(d) Street No. 2239a Hebert St. (If rural, give location)

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

3. (a) PRINT FULL NAME Adelia Genteman.

3. (b) If veteran, name war No.

3. (c) Social Security No. None.

4. Sex Female.

5. Color or race White

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

6. (b) Name of husband or wife August Genteman.

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

7. Birth date of deceased March (Month) 9th (Day) 1864. (Year)

8. AGE: Years 76 Months 4 Days 5 If less than one day ..... hr. ..... min.

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

10. Usual occupation Housewife.

11. Industry or business

MOTHER

12. Name John Weiser.

13. Birthplace U.S.A. (City, town, or county) (State or foreign country)

FATHER

14. Maiden name Unknown.

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

16. (a) Informant Henry H. Roberts

(b) Address 2239a Hebert St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-17-40. (Month) (Day) (Year)

(c) Place: burial or cremation New Pickers cem.

18. (a) Signature of funeral director Leidner Undertaking Co

(b) Address 2223 St. Louis Ave.

19. (a) JUL 16 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14th year 1940 hour 8:00 minute P. M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h... alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Train left Ventricle	
Pulmonary Edema Thrombosis	
Lungs Ill when Deceased	yrs
Died at Home of her daughter	
at 439 Adice Ave Kirkwood	
Died on June 11 1940	
Legal Facts unknown	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations 1862 18

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) Accident

(b) Date of occurrence June 11 1940

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

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

While at work? No (e) Means of injury. Fall

23. Signature Alfred Meier (M. D. or other)

Address Kirkwood Mo Date signed 7/16/40

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....; Registered Apprentice No.....

working under my personal supervision.

Signed Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis Ave

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

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