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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19928

FILED JUN 25 1943 318

Registration District No.

Primary Registration District No. 1003

Registrar's No. 5542

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
Missouri Pacific Hosp
(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 Mo (b) County 000 17 6

(c) City or town St Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 1719a Marcus Av
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Mrs. Genevieve Pitezel

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Edwin

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

7. Birth date of deceased December (Month) 26 (Day) 1904 (Year)

8. AGE:

Years	Months	Days	If less than one day
38	5	21	hr. min.

9. Birthplace St Louis Mo (City, town, or county) 0 (State or foreign country)

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name John F. Higgins
13. Birthplace St Louis Mo (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Birdie (unk)
15. Birthplace St Louis Mo (City, town, or county) 0 (State or foreign country)

16. (a) Informant Edwin Pitezel
(b) Address 1719a Marcus Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/19/43 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Sullivan Bros
(b) Address 2849 N. Euclid Av/

19. (a) JUN 17 1943 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17
year 1943 hour 7 minute 10 M.

21. I hereby certify that I attended the deceased from 6/7/43, 19, to June 17, 1943;
that I last saw her alive on June 17, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Hepatitis, acute from Biliary Obstruction

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Hepatitis — Biliary Obstruction
Of autopsy

Duration

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 C. C. Drace, Jr. (M. D. [redacted])
Address Mo-Pacific Hospital Date signed 6/17/43

(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.....Albert J. Mayfield.....

Licensed Embalmer No.....3077.....

P. O. Address.....

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, fact should be so stated above.