. S. No. 2
DM—8-43
v. 5-17-39
I X37823

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

#34510

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35895

Registration District No. FILED NOV 30 1944 318 Primary Registration District No. 1003 Registrar's No. 9729

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: St. Louis City Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1mo-11 days (Specify whether
In this community 45 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

(c) City or town St. Louis, 16
(If outside city or town limits, write "RURAL")

(d) Street No. 4265 Humphrey
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Catherine Genck

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Henry

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased June 20th (Month) 1883 (Day) (Year)

8. AGE: Years 61 Months 4 Days 24 If less than one day hr. min.

9. Birthplace Smithton Ill. (City, town, or county) Illinois (State or foreign country)

10. Usual occupation House Wife

11. Industry or business At home

FATHER
12. Name Benjamin Smith
13. Birthplace Belliville Ill (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name MARY KAYLOR
15. Birthplace New York (City, town, or county) (State or foreign country)

16. (a) Informant Henry Genck
(b) Address 4265 Humphery

17. (a) Motor (Burial, cremation, or removal) (b) Date thereof 11 /17 44 (Month) (Day) (Year)
(c) Place: burial or cremation Pinckneyville Illinois

18. (a) Signature of funeral director A.W. McLaughlin
(b) Address 2301 Lafayette Ave.

19. (a) NOV 16 1944 (Date received local registrar) (b) J. B. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 14th
year 1944 hour 8:00 minute A. M.

21. I hereby certify that I attended the deceased from 10/3/44
, 19 , to Nov. 14th, 1944;
that I last saw her alive on Nov. 14th, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Mellitus

Due to

Due to 61

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Same

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 0

23. Signature [signature] (M.D. or other)
Address 4515 Lafayette Date signed 11/14/44

(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 L. R. Cooper

Licensed Embalmer No. 3633

P. O. Address 2317 Lafayette

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.