S. No. 2
M-8-43
5-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 3 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

34599

State File No.

Registration District No. 317 Primary Registration District No. 326076 Registrar's No. 2504

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
9228-Tudor Avenue
(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 8-Years

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town Overland
(If outside city or town limits, write "RURAL")

(d) Street No. 9228-Tudor Avenue
(If rural, give location)

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

3. (a) PRINT FULL NAME Anna Genetelli

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Baptiste

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased March (Month) 12 (Day) 1891 (Year)

8. AGE: Years 54 Months 7 Days 13 If less than one day hr. min.

9. Birthplace Czeckoslavakia (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Michael Tillinger

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

14. Maiden name Catherine Toth

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

16. (a) Informant Batiste Genetilli

(b) Address 9228-Tudor Ave-Overland, Mo

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

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Bauman Bros Inc.

(b) Address 2504-Woodson Rd-Overland, Mo.

19. (a) 10-31-45 (Date received local registrar) (b) E. B. McGovern M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 25 year 1945 hour 6 minute 15 a M.

21. I hereby certify that I attended the deceased from Mar. 1st, 1945 to Oct 24, 1945 that I last saw h. alive on Oct. 24, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Hepatitis (Malignant) — Duration

Due to 1250

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

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 Clay Allen (M. D. or other)

Address 8912 S. Kingshighway Date signed 10-25-45

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 1

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 Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland Mo.

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.