V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

#30827

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 11 1946

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 39180

Registrar's No. 11708

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-Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 (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. 3969 Westminster
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME WILLIAM GENKE

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Martha Genke

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

7. Birth date of deceased July 22, 1877
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
68	5	6	hr. min.

9. Birthplace (City, town, or county) Germany 4 (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business Unemployed

FATHER
12. Name ? Genke
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Augusta Steinberg
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Martha Genke
(b) Address 3969 Westminster

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12/30/45 (Month) (Day) (Year)
(c) Place: burial or cremation Milwaukee, Wis.

18. (a) Signature of funeral director Edith E. Ambruster
(b) Address 4234 Manchester

19. (a) JAN 3 1946 (Date received local registrar) (b) J. F. Breddick (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Dec. day 28th
year 1945 hour 10:00 minute P M.

21. I hereby certify that I attended the deceased from 11/24/45, 19, to 12/28/45, 19;
that I last saw him alive on 12/28/45, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Metastatic carcinoma of prostate

Due to

Due to

Other conditions Arteriosclerotic heart disease
(Include pregnancy within 3 months of death)

Major findings:
Of operations

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 A. Lee Hewitt (M. D. or other) MD
Address 1515 Lafayette Date signed 12/28/45

(Licensed Embalmer's Statement on Reverse Side)

14708

14708

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.....

Licensed Embalmer No.....

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.