

FILED JUN 6 1946

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **4798**

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:
4521 Alice Ave. /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community..... **73 years** (Specify whether 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..... **4521 Alice Ave.**
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

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

3. (b) If veteran, name war none **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 Louis F. Kirby **6. (c) Age of husband or wife if alive 73 years**

7. Birth date of deceased September 4th, 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
73		8	21	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Elliot J. LeFavre

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

14. Maiden name Celestine De Lisle
(City, town, or county) (State or foreign country)

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

16. (a) Informant Louis F. Kirby
(b) Address 4521 Alice Ave.

17. (a) Burial **(b) Date thereof 5-29-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Hy. Leidner U. Co.
(b) Address 2223 St. Louis Ave.

19. MAY 28 1946 **(b) J. F. Brebeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25th.
year 1946 hour 8:10 PM minute M.

21. I hereby certify that I attended the deceased from May 5, 1946 to May 25, 1946 that I last saw her alive on May 25, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to General arteriosclerosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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?

While at work? (Specify type of place) (c) Means of injury

23. Signature Henry G. Westerman M.D. or other MD
Address 236 East Grand Blvd **Date signed 5-27-46**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
17470

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 *John P. Burkholz*
Licensed Embalmer No. *1674*
P. O. Address *2223 St. Louis*

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.

2136 E. G,