

FILED JAN 7 1947

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **10925**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Pronounced dead at City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **41 years**
(Specify whether
In this community **41 years**
years, months or days)

3. (a) PRINT FULL NAME **FRANK GENARO Genaro**

3. (b) If veteran, name war **NO** 3. (c) Social Security No. **NO**

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **MARIA GENARO Genaro** 6. (c) Age of husband or wife if alive **76** years

7. Birth date of deceased: **December 8 1881**
(Month) (Day) (Year)

8. AGE: Years **65** Months **0** Days **10**
If less than one day
hr. min.

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

10. Usual occupation **Coal Dealer**

11. Industry or business **Self**

12. Name **Salvatore Genaro Genaro**

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

14. Maiden name **Carmello Valenti**

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

16. (a) Informant **Sam Genaro Genaro**

(b) Address **2119 So. 12th St.**

17. (a) **Burial** (b) Date thereof **12-23-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Galvory Cemetery**

18. (a) Signature of funeral director **Joseph P. Beck**

(b) Address **1431 E. 21st St.**

19. (a) **DEC 20 1946** (b) **J. F. Brudick**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **1721a O'Fallon St.**
(If rural, give location)
(e) Citizen of foreign country? **Yes** (Yes or No)
If yes, name country **Italy**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **18**
year **1946** hour **3** minute **30** P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death **Re-allocation of 1st rib**

Cervical vertebrae & suffocation from aspiration of blood into bronchus

when in ambulance on which he was a passenger being driven

San Berni was struck by a street car operated by

William Hernandez at the intersection of Brown in Belmont

at 3:20 P.M. Dec 18 1946

Commie Cavallaro, M.D.

of William Harrison

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **Commie Cavallaro**

(b) Date of occurrence **Dec 18 1946**

(c) Where did injury occur? **at home in**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Both street & above

While at work? (Specify type of place) (e) Means of injury **above**
23. Signature **Lubrik E. Taylor** (M. D. or other) _____
Address **Deputy Coroner** Date signed **12-18-46**

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

MOTHER FATHER

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.....

Ronald O. Gahmke

Licensed Embalmer No.....

2917

P. O. Address.....

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.