. No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15096

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4565

1. PLACE OF DEATH:

(a) County

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

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

(d) Length of stay: In hospital or institution 1-17-46 to 5-1-47 (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 13 oad

(c) City or town ST Louis, 17 (If outside city or town limits, write "RURAL")

(d) Street No. 5800 Arsenal ST 9 (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Frank Geanush

3. (b) If veteran, name war No

3. (c) Social Security No. 499-12-6281

4. Sex Male 5

5. Color or race White

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

6. (b) Name of husband or wife Viola Geanush

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

7. Birth date of deceased December (Month) 28 (Day) 1873 (Year)

8. AGE: Years 73 Months 4 Days 3 If less than one day hr. min.

9. Birthplace Macedonia (City, town, or county) Greece (State or foreign country) 6

10. Usual occupation Candy -Maker

11. Industry or business

FATHER
12. Name Kosta Geanush 6
13. Birthplace (City, town, or county) Greece (State or foreign country)

MOTHER
14. Maiden name Anna Dinko 6
15. Birthplace (City, town, or county) Greece (State or foreign country)

16. (a) Informant Torpo Geanush
(b) Address 5420 Bates Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-5-47 (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) MAY 5 1947 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 1st day year 1947 hour 11 minute 50 P.M.

21. I hereby certify that I attended the deceased from 1-17- 1946 to 5-1 1947; that I last saw him alive on 5-1 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	
Due to Hypertension	4 Yrs.
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 0

23. Signature W. Reppendall Shorney (Name or other)
Address 5600 Arsenal Date signed 5-2-47

(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.....

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.