

S. No. 2
M-5-43
v. 5-17-39
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43050**
Registrar's No. **11709**

FILED JAN 9 1948

Registration District No. **318**

Primary Registration District No. **1003**

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

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:
3840 a Greer ave /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis, 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3840 a Greer ave 9
(If rural, give location) -
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Edward Genez

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Cora Genez 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased August 3 1880
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>4</u>	<u>19</u>	_____ hr. _____ min.

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

10. Usual occupation Resturant operator

11. Industry or business retired

MOTHER FATHER

12. Name Emil Genez

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

14. Maiden name Marie Michel

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

16. (a) Informant Cora Genez

(b) Address 3840 a Greer ave

17. (a) burial (b) Date thereof dec. 26-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mascoutah, Illinois

18. (a) Signature of funeral director A. Kraw La U. Co.
(b) Address 2707 N. Grand Blvd

19. (a) DEC 23 1947 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 22
year 1947 hour 9 minute 30 p. M.

21. I hereby certify that I attended the deceased from April 9 1946 to Dec. 22 1947
that I last saw him alive on Dec 20 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis 6 years
Duration

Due to _____
Due to _____

Other conditions None
(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? _____

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

23. Signature George Mueller (M. D. or other) 0
Address 2504 N. 14 Date signed Dec 23/47

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 Stanley H. Dixon
Licensed Embalmer No. 4193
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.