

Registration District No. 318

Primary Registration District No. 1003

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:  
DePaul Hospital  
(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 Mo. (b) County St. Louis  
(c) City or town Wellston  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7012 Claremore Dr.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME GENEVIEVE McNICOL  
3. (b) If veteran, name war No 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 James McNicol 6. (c) Age of husband or wife if alive 62 years  
7. Birth date of deceased Aug. 27, 1188  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Nov. day 1  
year 1948 hour 8.45 minute A.M. M.  
21. I hereby certify that I attended the deceased from 5-10 to 11-1, 1948.  
that I last saw her alive on 11-1-48, 19\_\_\_\_  
and that death occurred on the date and hour stated above.  
Immediate cause of death Hemorrhage into Liver Duration 1hr

8. AGE: Years Months Days If less than one day  
60 2 5 hr. \_\_\_\_\_ min.

Due to Carcinomatosis general of abdomen 2 yrs  
Due to Carcinoma of left breast 5 yrs  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)  
10. Usual occupation Housewife  
11. Industry or business \_\_\_\_\_  
12. Name Fred A. Bender  
13. Birthplace Ohio (City, town, or county) (State or foreign country)  
14. Maiden name Genevieve Klouburg  
15. Birthplace Missouri (City, town, or county) (State or foreign country)  
16. (a) Informant James R. McNicol  
(b) Address 7012 Claremore Dr.  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 4/48 (Month) (Day) (Year)  
(c) Place: burial or cremation St. Peter Cemetery  
18. (a) Signature of funeral director Jos. W. Clark  
(b) Address 1125 Hodiament Ave.  
19. (a) NOV 3 1948 (Date received local registrar) (b) J. B. Pasater (Registrar's signature)

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 J. H. Klenk (M. D. or other) \_\_\_\_\_  
Address 340 T. Bernidge Ave Date signed 11-1-48

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

NOV 13 1948

Dr. Geo. Klinkerfuss,  
340 Bermuda Ave.,  
EV. 4940

AUG 20 1948

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.....

*Christy Brown*

Registered Apprentice No. 102

working under my personal supervision.

Signed... *Alfred J. Boedeker*  
Licensed Embalmer No. 2663

P. O. Address 1125 Hodiament Ave.,

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.