

FILED FEB 6 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2544

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>791</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		2209	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2510A W. Dodier St.</b>				d. STREET ADDRESS (If rural, give location) <b>2510a W. Dodier</b>			
3. NAME OF DECEASED (Type or Print) <b>Domenico Genova</b>		a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH <b>Jan. 25, 1951</b>		(Month)		(Day)		(Year)	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>April 8, 1881</b>	
9. AGE (In years last birthday) <b>69</b>		IF UNDER 1 YEAR (Months) <b>9</b>		IF UNDER 1 YEAR (Days) <b>17</b>		IF UNDER 1 YEAR (Hours) _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Porter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Stix Baer Fuller</b>		11. BIRTHPLACE (State or foreign country) <b>Italy</b>		12. CITIZEN OF WHAT COUNTRY? <b>5</b>	
13a. FATHER'S NAME <b>Vito Genova</b>		13b. MOTHER'S MAIDEN NAME <b>Anna Passalacqua</b>		14. NAME OF HUSBAND OR WIFE <b>Maria Genova</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>498-10-3982</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Dol Genova</b> ADDRESS <b>6588 St. Louis</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CARCINOMATOSIS</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) <b>CARCINOMA, GASTRIC</b>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs?</b> <b>2 yrs?</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>151X</b>					
22. I hereby certify that I attended the deceased from <b>June 30, 1945</b> , to <b>Jan 25, 1951</b> , that I last saw the deceased alive on <b>Jan 22, 1951</b> , and that death occurred at <b>2:30 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Norman W. Deeg</b>				23b. ADDRESS <b>607 N. Grand</b>		23c. DATE SIGNED <b>25 Jan '51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Jan. 29, 51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>JAN 25 1951</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>		ADDRESS <b>1431 Union Blvd.</b>	

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

**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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Robert M. Murray*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3749

P. O. Address St. Louis, Mo

**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.