

FILED MAR 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10914

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3064 Registrar's No. 686

4009
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <i>St Louis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo</i> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Ferguson Mo</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Ferguson</i> 4109	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Rees 510 N Clay Ave</i>		d. STREET ADDRESS (If rural, give location) <i>510 N Clay Ave</i> 0	
3. NAME OF DECEASED (Type or Print) a. (First) <i>Edward</i> b. (Middle) <i>Martin</i> c. (Last) <i>Genzel</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>March 16 1951</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>April 17, 1864</i>
9. AGE (In years last birthday) <i>86</i>		10. UNDER 1 YEAR Months	10. UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Scrap Steel Buyer</i>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <i>St Louis Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13a. FATHER'S NAME <i>August Genzel</i>		13b. MOTHER'S MAIDEN NAME <i>Marie Unknown</i>	
14. NAME OF HUSBAND OR WIFE <i>Katherine Genzel</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME		ADDRESS	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Bronchopneumonia</i>		<i>3-10-51 to 3-16-51</i>
	ANTECEDENT CAUSES DUE TO (b) <i>Chr myocarditis</i> DUE TO (c) <i>arteriosclerosis</i>		<i>1947</i> <i>1940</i>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Chr nephritis</i>		<i>1948</i>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>422.1</i>		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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *3-5-51*, 1951, to *3-16-51*, 1951, that I last saw the deceased alive on *3/16/51*, 1951, and that death occurred at *10:30 a.m.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Roy Johnson M.D.</i>		23b. ADDRESS <i>Laura Wagoner</i>		23c. DATE SIGNED <i>3/16/51</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>March 19, 1951</i>	24c. NAME OF CEMETERY OR CREMATORY <i>St. Patrick's Churchyard</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis Co Mo</i>	
DATE REC'D BY LOCAL REG. <i>3/16/51</i>	REGISTRAR'S SIGNATURE <i>Hubert R. Dombke</i>	FUNERAL DIRECTOR'S SIGNATURE <i>W.C. Kleider & Son</i>		ADDRESS <i>6175 Delmar</i>

Dr Ray Johnson
4011 Florent Rd

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

Peter B Dubois

Signed.....
Student Embalmer

Licensed Embalmer No.

3691

P. O. Address

Richmond High Rd

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.