

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39033**
9757

FILED DEC-8-1951

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton	
c. LENGTH OF STAY (in this place) 95 days		d. STREET ADDRESS (If rural, give location) 7339 Northmoor Drive	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Genevieve b. (Middle) A c. (Last) Giles			4. DATE OF DEATH (Month) (Day) (Year) November 3 1951		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH Oct 14th, 1893		9. AGE (In years last birthday) 58		10. IF UNDER 1 YEAR Days 0 IF UNDER 24 HRS. Hours 20 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY ***		11. BIRTHPLACE (State or foreign country) New Madrid, Mo	
				12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Daniel Raidt		13b. MOTHER'S MAIDEN NAME Mary P. Mason		14. NAME OF HUSBAND OR WIFE Arthur G. Giles	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS A.G. Giles 7339 Northmoor Drive	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Carcinomatosis			INTERVAL BETWEEN ONSET AND DEATH 4 mo	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma Recto sigmoid			DUE TO (c)	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cachexia				

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Ca Recto Sigmoid			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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 15A-X		

22. I hereby certify that I attended the deceased from **Apr 21, 1949**, to **Nov 3, 1951**, that I last saw the deceased alive on **Nov 2, 1951**, and that death occurred at **3:30 p.m.**, from the causes and on the date stated above.

22a. SIGNATURE C. L. Lindeman (Degree or title) M.D.		22b. ADDRESS 4126 S. Shrew Ave		22c. DATE SIGNED 11/3/51	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11-6-51		23c. NAME OF CEMETERY OR CREMATORY Calvary	
		23d. LOCATION (City, town, or county) (State) St. Louis, Missouri			

DATE REC'D BY LOCAL REG. NOV 5 1951		REGISTRAR'S SIGNATURE Paul Smith		FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bensiek-Nickaus 1431 Union Bl.	
--	--	---	--	--	--

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Robert M. Murray* _____

Licensed Embalmer No. *37490* _____

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.