

FILED MAR 5 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6398

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1451**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>	c. LENGTH OF STAY (If this place) <i>Life</i>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i> <i>2249</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Louis City Hosp. #1</i>		d. STREET ADDRESS (If rural, give location) <i>24 3113a South Broadway</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>George</i> b. (Middle) <i>Genzel</i> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <i>2 14 52</i>	
5. SEX <i>M.</i>	6. COLOR OR RACE <i>W.</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>N.M.</i>	8. DATE OF BIRTH <i>Feb. 22, 1882</i>
9. AGE (In years last birthday) <i>69</i>		10. KIND OF BUSINESS OR INDUSTRY <i>LABORER</i>	11. BIRTHPLACE (State or foreign country) <i>MISSOURI</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>LABORER</i>		12. CITIZEN OF WHAT COUNTRY? <i>U</i>	
13a. FATHER'S NAME <i>UNKNOWN</i>		14. NAME OF HUSBAND OR WIFE	
13b. MOTHER'S MAIDEN NAME <i>UNKNOWN</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>NO</i>	
16. SOCIAL SECURITY NO. <i>NONE</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>MINNIE NEWMAN 2320 St. Louis AVE.</i>	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Pulmonary Edema</i> DUE TO (c) <i>Edema of the Brain</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Generalized Arteriosclerosis</i>		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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? <i>23HX</i>

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at *5:05 P.M.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) *Tatrick Clayton Carner* 23b. ADDRESS *1300. Clark* 23c. DATE SIGNED *2-15-52*

24a. BURIAL, CREMATION, REMOVAL (Specify) *BURIAL* 24b. DATE *2-16-52* 24c. NAME OF CEMETERY OR CREMATORY *ST. MATTHEWS* 24d. LOCATION (City, town, or county) (State) *St. Louis Mo.*

DATE REC'D BY LOCAL REG. *FEB 15 1952* REGISTRAR'S SIGNATURE *Carl Smith* 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS *McLaughlin Funeral Home 2301 Lafayette*

(Licensed Embalmer's Statement on Reverse Side)

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

A. G. Farris

Licensed Embalmer No. *3384*

P. O. Address *2301 Lafayette*

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.