MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1971 STATE FILE NUMBER 62-008081

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1
2 206
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81.

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

FILED FEB 23 1962

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St.Louis
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St.Luke's Hospital
Inside Limits: Yes X No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St.Louis
Inside Limits: Yes X No
d. STREET ADDRESS (If outside, give location): 3012 Belt Ave.
Reside on Farm: Yes No X

3. NAME OF DECEASED (Type or print): First: Alfonso Middle: Last: Genovese
4. DATE OF DEATH: Month: Feb. Day: 16, Year: 1962
5. SEX: Male
6. COLOR OR RACE: White
7. Married X Widowed Never Married Divorced
8. DATE OF BIRTH: 10/8/84
9. AGE (last birthday): 77
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): (retired) Cleaner
10b. KIND OF BUSINESS OR INDUSTRY: self-employed
11. BIRTHPLACE (City and state or country): Italy
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Pasquali Genovese
13b. MOTHER'S MAIDEN NAME: unknown
14. NAME OF HUSBAND OR WIFE: Michelina
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): ------
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT: Frank W. Genovese Address: 659 Deerhurst

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Pulmonary Embolus
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerotic heart failure
DUE TO (c): 450.0
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown
19. WAS AUTOPSY PERFORMED? YES X NO
20a. ACCIDENT SUICIDE HOMICIDE
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 1959 to death and last saw him alive on 2/16/62 8:30 A.M.
Death occurred at 2/16/62 2:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: William D. Seery M.D. (Degree or title)
22b. ADDRESS: 110 N Euclid St. Louis (8) Mo
22c. DATE SIGNED: 2/17/62
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Feb.19,1962
23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
23d. LOCATION (City, town, or county): St.Louis, (State): Missouri
24. FUNERAL DIRECTOR: WACKER-HELDERLE ADDRESS: 3634 Gravois Ave.
25. DATE RECD. BY LOCAL REG.: FEB 17 1962
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

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 _____
Signature of Student Embalmer

Signed Felix J. Krieger

Licensed Embalmer No. 3497

P. O. Address St. Louis

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.