

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

27676

**1. PLACE OF DEATH**

County Lewis Registration District No. 702  
 Township Lewis Primary Registration District No. 703  
 City Lewis (No. 1947) Denton

File No. \_\_\_\_\_  
 Registered No. 7501  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 1947 Denton St., 26 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Cora Genzel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 27 - 1889

7. AGE YEARS 43 MONTHS 5 DAYS 24 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman 289  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steel Mills  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maury Mo

FATHER 13. NAME Edward Genzel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ladysburg Mo

MOTHER 15. MAIDEN NAME Katherine Kubel

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louis Mo

17. INFORMANT (ADDRESS) Cora Genzel

18. BURIAL, CREMATION, OR REMOVAL PLACE St Pauls DATE Aug 19 1932

19. UNDERTAKER (ADDRESS) Wagon L. McCa

20. FILED AUG 16 1932 Max C. Starker Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 16 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 6 1932 to Aug 16 1932

I last saw him alive on Aug 12 1932 Death is said to have occurred on the date stated above, at 7:45 a.m.

The principal cause of death and related causes of importance were as follows:

Coronary Sclerosis

Date of onset 6 mo

106B  
95 Chronic ?

Other contributory causes of importance:

106B

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? usual Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. from work

Manner of injury \_\_\_\_\_ Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? If so, specify? from work later left work

(Signed) Louis H. Babrowski, M. D.

(Address) 102. 20 Broadway

