R 7 - 1939 REC'D MAY 11 1939

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

16077
Do not use this space.

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.

1. PLACE OF DEATH
(a) County ST. LOUIS — Registration District No. 784
(b) Township or ~~ST. FERDINAND~~ — Primary Registration District No. 113 — Registered No. 629
(c) City FLORISSANT — (d) Street No. 848 LAYAFETTE ST St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 52 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ANTOINE GENO
(a) Residence, No. 848 LAYAFETTE ST St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF MARY GENO

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT 2-1865

7. AGE: Years 73 | Months 7 | Days 4 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. FARMER
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) FLORISSANT Mo

FATHER
13. NAME ANTOINE GENO
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NEW YORK NY

MOTHER
15. MAIDEN NAME MARY GUITTAR
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN UNKNOWN

17. INFORMANT Charles Geno
(ADDRESS) 3442 Pine Grove ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE ST FERDINAND DATE APRIL 8 1939

19. FUNERAL DIRECTOR (NAME) L. B. Tanner
(ADDRESS) 6107 Natural Bridge Rd

20. FILED APR 7 - 1939 R. R. Meyer M.D. Local Registrar.

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 8.30AM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? history 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.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased no
If so, specify .....
(Signed) John O'Connell, M. D.
Coroner of St Loyis County, Mo.

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed L B Tanner

Licensed Embalmer No. 2922

P. O. Address 607 Natural Bridge

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.