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121492

SEP 25 1940

791

1003

State File No. _____

Registrar's No. **7045**

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Missouri Baptist Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State 0 Missouri (b) County St. Louis

(c) City or town Manlewood
(If outside city or town limits, write "RURAL") NR

(d) Street No. 7305 Maple Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years

3. (a) PRINT FULL NAME Edward Genail **540**

3. (b) If veteran, name war _____ 3. (c) Social Security No. 486-16-5744

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Margaret Ryan 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased April 4, 1871
(Month) (Day) (Year)

| | | | | |
|---------|-----------|----------|-----------|----------------------|
| 8. AGE: | Years | Months | Days | If less than one day |
| | <u>59</u> | <u>4</u> | <u>14</u> | _____ hr. _____ min. |

9. Birthplace Clayton, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Electrical engineer

11. Industry or business Missouri Rolling Mill Co.

MOTHER FATHER

12. Name Pascò Genail

13. Birthplace Clayton, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Adeline Rittenhaus

15. Birthplace Philadelphia, Penn.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Adele Jennings

(b) Address 7305 Maple Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/21/40
(Month) (Day) (Year)

(c) Place: burial or cremation Central Cemetery Clayton

18. (a) Signature of funeral director [Signature] Mo.

(b) Address Clayton Rd. at Concordia Lane

19. (a) AUG 20 1940 (Date received local registrar) (b) [Signature]

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 18, year 1940 hour 4 minute 35 A. M.

21. I hereby certify that I attended the deceased from Aug 17-18, 1940, to 8/18/40, 1940; that I last saw him alive on 8/17/40, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Post Operative

Due to _____
128

Other conditions chronic bronchitis
(Include pregnancy within 3 months of death)

Major findings: acute pancreatitis
Of operations: lobectomy lobectomy
Of autopsy: None

Duration 7 Days

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address Pasteur Bldg. Date signed 8/19/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

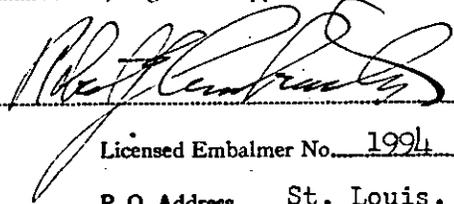
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

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

working under my personal supervision.

Signed.....



Licensed Embalmer No. 1994

P. O. Address. St. Louis.

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

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