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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 342
342

FEB 25 1941

Registration District No. 7917

Primary Registration District No. 1003

Registrar's No.

0
7
9

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

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: 1805 So. Kingshighway Blvd. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St. Louis 1317
(If outside city or town limits, write "RURAL")

(d) Street No. 1805 So. Kingshighway Blvd. 9
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years. 0

3. (a) PRINT FULL NAME John A. Genoni

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male C

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Judith Genoni

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased July (Month) 1st (Day) 1871 (Year)

8. AGE: Years	Months	Days	If less than one day
69	6	10	hr. min.

9. Birthplace (City, town, or county) Italy 5 (State or foreign country)

10. Usual occupation Restaurant Owner retired

11. Industry or business

FATHER
12. Name Felice Genoni
13. Birthplace (City, town, or county) Italy 5 (State or foreign country)

MOTHER
14. Maiden name Francesca Unknown
15. Birthplace (City, town, or county) Italy 5 (State or foreign country)

16. (a) Informant J.P. Galli
(b) Address 1805 So. Kingshighway Blvd

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-14-41 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peter & Paul Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway Blvd.

19. (a) JAN 13 1941 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 11th year 1941 hour 2:30 minute P.M. M.

21. I hereby certify that I attended the deceased from Oct 30th 1940, to Jan 11th 1941; that I last saw h. alive on Jan 11th 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Rectum	
Carcinoma of Liver	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

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? (Specify type of place)
While at work? — (e) Means of injury: D

23. Signature Louis M. Grosse (M.D. or other)
Address 508 N Grand Bl Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.....Edwin N. McDermott

Licensed Embalmer No.....3024

P. O. Address.....

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

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