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FILED MAR 25 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5265

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 1513

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: City Infirmary 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4yr. 7mo. 4days (Specify whether

In this community 67 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 600

(c) City or town St. Louis 1713
(If outside city or town limits, write "RURAL")

(d) Street No. 5800 Arsenal 9
(If rural, give location) 0

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

3. (a) PRINT FULL NAME August Genteman

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ 2 ~~Divorced~~

6. (b) Name of husband or wife Adelia

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

7. Birth date of deceased Sept. (Month) 21 (Day) 1873 (Year)

8. AGE:

Years	Months	Days	If less than one day
67	4	24	hr. min.

9. Birthplace St. Louis (City, town, or county) 4 Germany (State or foreign country)

10. Usual occupation Office Clerk

11. Industry or business

FATHER
12. Name Theodore Genteman
13. Birthplace Unknown (City, town, or county) 4 Germany (State or foreign country)

MOTHER
14. Maiden name Theresa Hoppe
15. Birthplace Unknown (City, town, or county) 4 Germany (State or foreign country)

16. (a) Informant J. A. Genteman
(b) Address 5077 Durant Av.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/17/41 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetary

18. (a) Signature of funeral director J. A. Genteman
(b) Address 5077 Durant Ave.

19. (a) FEB 16 1941 (Date received local registrar) (b) J. W. Bridick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 14
year 1941 hour 11:00 minute P. M.

21. I hereby certify that I attended the deceased from July 10, 1936 to Feb. 14, 1941
that I last saw him alive on Feb. 14, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia lobar
Generalized arteriosclerosis

Due to 108

Due to

Other conditions Cerebral thrombosis (old)
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Lobar pneumonia
Coronary infarct, Arteriosclerosis

Duration

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 0

23. Signature R. E. Shank (M. D. or other)
Address 5600 Arsenal Date signed 2/15/41

(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.....

OR

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

working under my personal supervision.

Signed Wilford G. Burnley

Licensed Embalmer No. 4202

P. O. Address.....

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

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