No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 20 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8587

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 3370

20
17
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: 4377a LEE AVE.
(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 MISSOURI (b) County 000 17

(c) City or town ST. LOUIS. 10 9
(If outside city or town limits, write "RURAL")

(d) Street No. 4377a LEE AVE.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME ERNESTINE GENCK.

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife CHARLES E. GENCK

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased JANUARY (Month) 26 (Day) 1884 (Year)

8. AGE:	Years	Months	Days	If less than one day
	58	2	17	hr. min.

9. Birthplace DILLON (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation HOUSEWORK.

11. Industry or business —

FATHER
12. Name ALFRED GILLIOZ
13. Birthplace — (City, town, or county) SWITZERLAND (State or foreign country) 5

MOTHER
14. Maiden name JOSEPHINE BUSCHMANN.
15. Birthplace — (City, town, or county) FRANCE (State or foreign country) 5

16. (a) Informant Charles E. Genck.
(b) Address 4377a Lee Ave.

17. (a) REMOVAL. (Burial, cremation, or removal) (b) Date thereof APRIL 14. 1942 (Month) (Day) (Year)
(c) Place: burial or cremation ROLLA, Mo. (TRAIN).

18. (a) Signature of funeral director Wm. M. Schumacher
(b) Address 4834 Natural Bridge.

19. (a) APR 15 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 12.
year 1942 hour 7:15 minute A. M.

21. I hereby certify that I attended the deceased from Oct. 10th, 1941 19 to April 12th 1942
that I last saw her alive on April 12th, 1942 19
and that death occurred on the date and hour stated above.

Immediate cause of death Metastatic carcinoma Primary in stomach.

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of ~~autopsy~~ Biopsy:- Metastatic carcinoma of stomach.

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 Harris G. Manton (M. D. or other)
Address 607 - N Grand Date signed 4/13/42

844

(Licensed Embalmer's Statement on Reverse Side)

Univ City Club Bldg
1-5 P.M.

3370

3370

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 John A. Mlinar, Registered Apprentice No. ..... working under my personal supervision.

Signed John A. Mlinar

Licensed Embalmer No. 4186

P. O. Address St. Louis Mo.

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

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