

FILED DEC 17 1946

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. newborn (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Infant RUBY GIBL GENETTE

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased October 26th, 1946
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
11 hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Elmer Gennette
13. Birthplace St. Louis, Missouri. (City, town, or county) (State or foreign country)

14. Maiden name Frances Weuertz
15. Birthplace Harrisonville, Illinois. (City, town, or county) (State or foreign country)

16. (a) Informant Frances Gennette

(b) Address 1437^{1/2} Burd. St. Louis, Mo.

17. (a) Removal (b) Date thereof Dec 7, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walter's Chapel

18. (a) Signature of funeral director Albert J. Quernheim

(b) Address Walter's Chapel

19. (a) DEC 7 1946 (b) J. F. Predeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 1437a Burd
Memorial (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 7th
year 1946 hour 2:00 minute A M.

21. I hereby certify that I attended the deceased from 10/26/46
to Dec. 7th, 1946
that I last saw her alive on Dec. 7th, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchialitis Duration _____

Due to 159

Due to _____

Other conditions Prematurity
(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? _____

While at work Yes (Specify type of place) (c) Means of injury Car

23. Signature J. F. Predeck 1515 Lafayette 12/7/46 (Other)

Address _____ Date signed _____

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.

Not Embalmed

Signed *Frank Ironoff*
Licensed Embalmer No. *9356*
P. O. Address *St. Louis, Mo*

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, fact should be so stated above.