

No. 2
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7-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11759

State File No. _____
Registrar's No. 970

Registration District No. 377

Primary Registration District No. 3063

1. PLACE OF DEATH:
(a) County St. Louis Co.
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Hrs. 50 Min.
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis Co.
(c) City or town Afton
(If outside city or town limits, write "RURAL")
(d) Street No. 8026 Wynwood
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lee Genail
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 2
year 1947 hour 3 minute 20 P.M.
21. I hereby certify that I attended the deceased from
April 2, 1947 to April 2, 1947
that I last saw h im alive on April 2, 1947
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Wh.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edna 6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased July 20 1896
(Month) (Day) (Year)

Immediate cause of death Coronary occlusion with myocardial infarction
Duration _____

8. AGE: Years Months Days If less than one day
50 8 13 _____ hr. _____ min.

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

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

10. Usual occupation Bus Driver

11. Industry or business Board of Education

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

14. Maiden name Elizabeth Jackson
15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Genail
(b) Address 8026 Wynwood

17. (a) Burial (b) Date thereof 4/5/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Pickers Cemetery

18. (a) Signature of funeral director Gebken-Benz Mortuary
(b) Address 2842 Meramec St.

19. (a) 4-7-47 (b) Carl J. Sharp
(Date received local registrar) (Registrar's signature)

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? _____ (Specify type of place) (e) Means of injury 0
Signature Wm. C. Critchlow (M. D. or other)
Address 601 Brentwood Blvd Date signed 4/2/47

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

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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..... me.....

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

working under my personal supervision.

Signed.....

Joe B. Benz
.....
Licensed Embalmer No. 4209.....

P. O. Address 2842 Meramec St.
St. Louis, Mo.

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

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