S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 22 1948
Registration District No. 317

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10990

Primary Registration District No. 3064

Registrar's No. 631

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Ferguson (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 510 Clay Ave., Ferguson, Mo. (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 St. Louis 96
(c) City or town Ferguson (If outside city or town limits, write "RURAL") 6
(d) Street No. 510 Clay Ave., Ferguson, Mo. (If rural, give location) 3
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Katherine Genzel
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 Married
6. (b) Name of husband or wife Edward Genzel
6. (c) Age of husband or wife if alive 84 years
7. Birth date of deceased April 25th. (Month) (Day) 1865 (Year)

8. AGE: Years 82 Months 9 Days 11 If less than one day hr. min.

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country) 0
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Jacob Kuhn
13. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country) 0
MOTHER
14. Maiden name Susan Schwrtz
15. Birthplace Switzerland (City, town, or county) (State or foreign country) 5
16. (a) Informant Edward Genzel
(b) Address 510 Clay Ave., Ferguson, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/9/48 (Month) (Day) (Year)
(c) Place: burial or cremation St. Pauls Churchyard
18. (a) Signature of funeral director Sullivan Funeral Dir.
(b) Address 2849 North Euclid Ave.
19. (a) 3-9-48 (Date received local registrar) (b) Paul J. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6th. year 1948 hour 2.45 minute A. M.

21. I hereby certify that I attended the deceased from March 1940 to March 6 1948; that I last saw her alive on March 5 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Apoplexy	1 Day
Due to: Arteriosclerotic Cardio-Vascular Disease	8 yrs
Due to: Diabetes Mellitus	8 yrs
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 61
Of autopsy

PHYSICIAN
Underline the cause of 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

23. Signature Charles L. Martin (M. D. or other)
Address 3911 Gardner Date signed 3/8/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Charles E. Martin
391I Lee Ave.
CE. 2313 11:00 am. Monday

MAR 25 1948

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 Robert L. Brinkman

Licensed Embalmer No. 3553

P. O. Address .....

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.