

FILED JUL 24 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25811

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5505

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY OR TOWN Saint Louis, Missouri		a. STATE Missouri	
c. LENGTH OF STAY (in this place) 4 days		b. COUNTY 432 h	
d. FULL NAME OF HOSPITAL OR INSTITUTION Old Faith Hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City	
		d. STREET ADDRESS (If rural, give location) 6705 A Crest	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Katherine	b. (Middle) Alma	c. (Last) Gens	June 13 1952		

5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH November 1, 1898	9. AGE (In years) 53	10. MONTHS 0	11. DAYS 0	12. HOURS 0	13. MINUTES 0
-------------	-----------------------	---	--------------------------------------	-------------------------	-----------------	---------------	----------------	------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Invalid	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
--	-----------------------------------	---	-------------------------------------

13a. FATHER'S NAME James Dunkin	13b. MOTHER'S MAIDEN NAME Ester Storr	14. NAME OF HUSBAND OR WIFE Karl W Gens
------------------------------------	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Karl W Gens	18. ADDRESS 6705 A Crest St. II City, Mo
--	---------------------------------	--	---

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Stroke <i>Tuberculosis</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Cardio Vascular Disease</i> DUE TO (c) <i>Arterio Sclerosis</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>None</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>None</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	---	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
---	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4220
--	---	------------------------------------

22. I hereby certify that I attended the deceased from 11/1, 1940, to 6/13, 1952, that I last saw the deceased alive on 6/13, 1952, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <i>Gene P. Pully, M.D.</i>	23b. ADDRESS 7306 Hollister	23c. DATE SIGNED
--	--------------------------------	------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 6-16-1952	24c. NAME OF CEMETERY OR CREMATORY St. Paul Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis Co Mo
--	------------------------	---	--

DATE REC'D BY LOCAL REG. JUN 16 1952	REGISTRAR'S SIGNATURE <i>J. Earl Smith, M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE C. HOFFMEISTER	ADDRESS COLONIAL MORTUARY 614½ Chippewa St., St. Louis 5, MO
---	---	--	--

(Licensed Embalmer's Statement on Reverse Side)

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

895
E-14
1230

Dr Pierce Reilly
730 Hodiament
CA 5187 10-11 am

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 1/2 Broadway

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.