

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 5 1953

State File No. **19414**
Registrar's No. **5149**

BIRTH NO. **38979** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY <p align="center">St. Louis</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bellefontaine Neighbors 4020 d. STREET ADDRESS (If rural, give location) 1008 Hopedale Drive	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis c. LENGTH OF STAY (in this place)		d. FULL NAME OF HOSPITAL OR INSTITUTION Saint Louis Maternity	

3. NAME OF DECEASED a. (First) Baby b. (Middle) c. (Last) Genovese			4. DATE OF DEATH (Month) (Day) (Year) May 21 1953						
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED --	8. DATE OF BIRTH May 21 1953	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min. 2 1/2	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) --			10b. KIND OF BUSINESS OR INDUSTRY --			11. BIRTHPLACE (City and State or Foreign Country) St. Louis Missouri		12. CITIZEN OF WHAT COUNTRY? --	

13a. FATHER'S NAME Albert Genovese	13b. MOTHER'S MAIDEN NAME Ruth Elinor Stineciper	14. NAME OF HUSBAND OR WIFE --			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) --			16. SOCIAL SECURITY NO. --	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Albert & Ruth Elinor Genovese (Above)	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature Birth (26 1/2 wks.) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) None Known DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 776X	

22. I hereby certify that I attended the deceased from May 21, 19 53 to May 21, 19 53 that I last saw the deceased alive on 5-21-53, 19__, and that death occurred at 6:40 Pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Carl R. Wegner MD	23b. ADDRESS 630 So. Kingshighway	23c. DATE SIGNED 5/22/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 23, 1953	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem	24d. LOCATION (City, town, or county) (State) St. Louis County
DATE REC'D BY LOCAL REG. MAY 22 1953	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Carl Smith MD Bromschwig and Son W Florissant		

-mjb (Licensed Embalmer's Statement on Reverse Side)

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-----

NO EMBALMING

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Joseph H. Bronschweig Jr.*
Licensed Embalmer No.

P. O. Address

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

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