

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33256

State File No.

FILED SEP 24 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8542**

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Macoupin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN Gillespie	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 10 Days		e. STREET ADDRESS (If rural, give location) 120 W. Oak St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hosp.		8120 8	
3. NAME OF DECEASED (Type or Print) Angeline		a. (First) _____ b. (Middle) _____ c. (Last) Genetti	4. DATE OF DEATH (Month) (Day) (Year) Aug 31 1953
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April, 12, 1896
9. AGE (In years last birthday) 63		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (City and State or Foreign Country) Buenos Aires Argentina
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Own Home	12. CITIZEN OF WHAT COUNTRY? U. S.
13a. FATHER'S NAME Peter Chesky		13b. MOTHER'S MAIDEN NAME Barbara Coui	14. NAME OF HUSBAND OR WIFE Simon Genetti
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 Simon Genetti ADDRESS 120 W. Oak St.
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atelectasis, lower lobes both lungs; Constrictive Pericarditis; Anesthesia while under going Gastro-Enterostomy, at St. John's Hospital, on Aug 31, 1953. II. OTHER SIGNIFICANT CONDITIONS about 1240 pm	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) 578X	
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? _____			
22. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1240 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE Catrick E. Taylor Coroner (Degree or title) _____		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 9. 2. 53		24. LOCATION (City, town, or county) (State) Gillespie Illinois.	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Sept. 3, 1953	
24c. NAME OF CEMETERY OR CREMATORY Holy Cross Cem.		24d. LOCATION (City, town, or county) (State) _____	
DATE REC'D BY LOCAL REG. SEP 2 1953		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe ADDRESS 4700 Washington Blvd.	

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

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.....
Signature of Student Embalmer

Signed.....
Frank J. Farmer

Licensed Embalmer No. 4788

P. O. Address *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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.