

FILED AUG 11 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25527

BIRTH NO. _____ REG. DIST. NO. 517 PRIMARY REG. DIST. NO. 541 Registrar's No. 1782

1. PLACE OF DEATH a. COUNTY <i>St Louis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo.</i> b. COUNTY <i>St Louis</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Clayton</i>		c. CITY OR TOWN <i>Parabona Hills</i>	
c. LENGTH OF STAY (In this place) <i>8 hours</i>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>County Hospital</i>		e. STREET ADDRESS (If rural, give location) <i>4212 Roland Blvd.</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>Joseph</i> b. (Middle) <i>Gennari</i> c. (Last) <i>Gennari</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>July 21 1954</i>		
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	
8. DATE OF BIRTH <i>Mar. 4, 1887</i>		9. AGE (In years last birthday) <i>57</i>		10. MONTHS <i>57</i> YEARS <i>57</i> HOURS <i>57</i> MIN. <i>57</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Pastry Chef</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Hotel</i>		11. BIRTHPLACE (City and State or Foreign Country) <i>Marciano Italy</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>					

13a. FATHER'S NAME <i>Dominic Gennari</i>		13b. MOTHER'S MAIDEN NAME <i>Theresa Fallini</i>		14. NAME OF HUSBAND OR WIFE <i>Frances Brusca</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>489-10-2308</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Frances Gennari 4212 Roland Blvd.</i>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Vascular Accident</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <i>Malignant Hypertension</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		INTERVAL BETWEEN ONSET AND DEATH <i>recent</i> <i>?</i>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>33-IX</i>		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?	

22. I hereby certify that I attended the deceased from *7-20, 1954*, to *7-21, 1954*, that I last saw the deceased alive on *7-21, 1954*, and that death occurred at *3:03A* m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Charles E. Brodino M.D.</i>		23b. ADDRESS <i>601 S. Brentwood, Clayton, Mo.</i>		23c. DATE SIGNED <i>7/22/54</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24b. DATE <i>7/24/54</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Calvary</i>	
24d. LOCATION (City, town, or county) (State) <i>St Louis Mo.</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Walter Kelly 7267 Natural Bridge</i>			

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

JUL 22 1955

L 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 *James A. Lamm*.....

Licensed Embalmer No. *414*.....

P. O. Address *St. Louis*.....

**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.**