

FILED MAR 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6169

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1689**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR St. Louis		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hospital		e. STREET ADDRESS (If rural, give location) 2909 N. Taylor Ave.	
3. NAME OF DECEASED (Type or Print) a. (First) JOSEPH b. (Middle) PATRICK c. (Last) GENOVESE		4. DATE OF DEATH (Month) (Day) (Year) Feb. 21, 1955.	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 14, 1916
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bartender		10b. KIND OF BUSINESS OR INDUSTRY Tavern	9. AGE (In years last birthday) 38 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 2 HRS.: Hours _____ Min. _____
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Peter Genovese		13b. MOTHER'S MAIDEN NAME Louise DiMaggio	
14. NAME OF HUSBAND OR WIFE Margaret Genovese		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Ym. no. or unknown) _____ (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Margaret Genovese	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acidosis ANTECEDENT CAUSES DUE TO (b) diabetes mellitus DUE TO (c) _____ 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 checked="" type="checkbox"/> NO <input type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify)	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21c. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21e. HOW DID INJURY OCCUR? 260x		22. I hereby certify that I attended the deceased from 2-20, 1955 , to 2-21, 1955 , that I last saw the deceased alive on 2-20, 1955 , and that death occurred at 1:45 Pm. , from the causes and on the date stated above.	
23a. SIGNATURE Wm. H. Gamm		23b. ADDRESS 2227 S. Broadway St. Louis Mo	
23c. DATE SIGNED 2-22-55		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 2/24/55		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Calvin F. Feutz	
DATE REC'D BY LOCAL REG. FEB 23 1955		ADDRESS 4828 Natural Bridge 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..... *Ralph E. Linders*.....

Licensed Embalmer No...427

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.