

FILED OCT 16 1956

STANDARD CERTIFICATE OF DEATH

State File No. 35535

318

1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. 8642

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST LOUIS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CHRISTIAN HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>2772 6003 THEKLA</u>	
3. NAME OF DECEASED a. (First) <u>MYRTLE</u>		b. (Middle)	
c. (Last) <u>GENOVA</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT 17 1956</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>3-12-1890</u>	
9. AGE (In years) (Months) (Days) <u>66</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WORK</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>		11. BIRTHPLACE (State or foreign country) <u>BARTON CO MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>ANDERSON JOBE</u>	
13b. MOTHER'S MAIDEN NAME <u>VIOLA STRAWN</u>		14. NAME OF HUSBAND OR WIFE <u>NICOLA GENOVA</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>NICOLA GENOVA</u>		ADDRESS <u>6003 THEKLA</u>	
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) <u>Metastasis, Pulmonary</u> INTERVAL BETWEEN ONSET AND DEATH <u>72 hrs</u> ANTECEDENT CAUSES DUE TO (b) <u>Metastasis, Generalized</u> <u>3 mo.</u> DUE TO (c) <u>Adenocarcinoma, Stomach</u> <u>1 yr.</u> II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. <u>Pyloric Obstruction</u> <u>10 mo.</u>	
19a. DATE OF OPERATION <u>1-15-56</u>		19b. MAJOR FINDINGS OF OPERATION <u>Adenocarcinoma Stomach 151X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (Specify) SUICIDE HOMICIDE	
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 <u>1-8-1956</u> to <u>9-17-1956</u> , that I last saw the deceased alive on <u>9-17-1956</u> , and that death occurred at <u>7:16 p.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Nicholas J. Vitale, MD</u>		23b. ADDRESS <u>3861 St. Louis Ave.</u>	
23c. DATE SIGNED <u>9/17/56</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>9-20-56</u>	
24b. DATE		24c. NAME OF CEMETERY OR CREMATORY <u>FEEFEE CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>PATTONVILLE MISSOURI</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>EARL HILLEMANN</u>	
DATE REC'D BY LOCAL REG. <u>SEP 19 1956</u>		REGISTRAR'S SIGNATURE <u>Carl Smith, MD</u>	
25. FUNERAL DIRECTOR'S ADDRESS <u>OVERLAND 14 MISSOURI</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

2000

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.....

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No.

Signed

Carl A. Hillman

Licensed Embalmer No.

3501

P. O. Address

Enclosed - 4

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

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