

FILED OCT 8 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 31785

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>543</u>		Registrar's No. <u>2124</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jennings</u>		c. LENGTH OF STAY (In this place) <u>7 yrs</u>		c. CITY OR TOWN <u>Jennings</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2114 Greenbrook Dr.</u>				e. STREET ADDRESS (If rural, give location) <u>2114 Greenbrook Dr.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Genevieve</u> b. (Middle) <u>H.</u> c. (Last) <u>Imhoff</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 11 1955</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec 10, 1872</u>		9. AGE (In years last birthday) <u>82</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 1 HR. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Booneville, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Adam Zimmerman</u>		13b. MOTHER'S MAIDEN NAME <u>Helen Huber</u>		14. NAME OF HUSBAND OR WIFE <u>Joseph F. Imhoff (decd)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Frances Marra, 2114 Greenbrook</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>Congestive Heart Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio-sclerotic heart</u> DUE TO (c) <u>degener</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u> <u>10 hrs</u> <u>10 hrs</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		4200		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 <u>1945</u> , <u>1955</u> to <u>Aug 11</u> , <u>1955</u> that I last saw the deceased alive on <u>Sept 1</u> , <u>1955</u> , and that death occurred at <u>12:35 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>[Signature]</u>				23b. ADDRESS <u>4957 Maryland</u>		23c. DATE SIGNED <u>9/15/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>9-13-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Mary's Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Cedron, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>9-12-55</u>		REGISTRAR'S SIGNATURE <u>Hubert R. Domb</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Cullinane Bros. 3320 N. Kings Highway</u>			

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.....  
*Fred. Frick*

Licensed Embalmer No....3186

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.