

078-10-4364
Certificate of Death

Certificate No. 5369

1941 JUN 3 AM 10 59

1 NAME OF DECEASED (Print) HENRY LOUIS GENRIQ
First Name Middle Name Last Name

PERSONAL AND STATISTICAL PARTICULARS
(To be filled in by Funeral Director)

2 USUAL RESIDENCE:
(If decedent gave name and state) Borough BRONX

No. 5204 DELAFIELD AVE. Ave. St.

3 SINGLE MARRIED WIDOWED OR DIVORCED (Circle one) MARRIED

4 HUSBAND ELEANOR TWICKELL GENRIQ

5 DATE OF BIRTH (Month) (Day) (Year)

6 DATE OF DECEASE (Month) (Day) (Year) June 19 1941

7 AGE 37 11 14 1/2 If LESS than 1 day, hrs. or min.

8 A. Occupation, profession, trade, business, or service, or other usual activity, at time of death. BASEBALL PAROLE COMMISSIONER

B. Nature of occupation, profession, trade, business, or service, or other usual activity, at time of death. PAROLE COMMISSIONER

C. Date of last work at this occupation (month, day, year) 4/30/41 D. Total time (years) spent in this occupation 28

9 BIRTHPLACE (State or country) NEW YORK CITY

10 If living in New York City, how long resident in City of New York LIFE

11 NAME OF FATHER OF DECEASED HENRY GENRIQ

12 BIRTHPLACE OF FATHER (State or country) GERMANY

13 MAIDEN NAME OF MOTHER OF DECEASED CHRISTINA GENRIQ

14 BIRTHPLACE OF MOTHER (State or country) GERMANY

15 SIGNATURE OF INFORMANT Edward J. Gellie

RELATIONSHIP TO DECEASED WIFE

ADDRESS 5204 DELAFIELD AVE.

MEDICAL CERTIFICATE OF DEATH
(To be filled in by the Physician)

16 PLACE OF DEATH: Borough BRONX

No. 5204 DELAFIELD AVE. Ave. St.

17 PREMISES:—HOSPITAL, TENEMENT, PRIVATE HOUSE, HOTEL, ETC. (It includes all five bars)

18 DATE OF DEATH (Month) (Day) (Year) June 2 1941

19 SEX M 20 COLOR OR RACE W 21 SEXED ADULT (Cross out one)

22 I HEREBY CERTIFY that I attended the decedent from Jan 1940 to June 2 1941

that I last saw him alive on June 2 1941 and that death occurred on the date stated above at 10 P.M.

I further certify that death did not occur as the result of accident, homicide, suicide, criminal abortion, acute or chronic poisoning, or in any suspicious or unusual manner.

The principal cause of death and related causes of importance were as follows: DURATION 3 yrs
AMYOTROPHIC LATERAL SCLEROSIS

Other contributory causes of importance:

COLLAR PARALYSIS WITH RESPIRATORY FAILURE - Terminal

Autopsy: — Date of —

Name of Operator —

What test confirmed diagnosis? —

Witness my hand this 2nd day of June 2 1941

Signature C.B. Euelstyn M. D.

Address 16 East 90 St NYE.

as Pathological Diagnosis

Signature — M. D.

24 PLACE OF BURIAL OR CREMATION Fresh Pond Crematory DATE OF BURIAL OR CREMATION June 4-1941

25 FUNERAL DIRECTOR Edwin Seeger ADDRESS 4 W. 76th St. N.Y. PERMIT NUMBER 245

DO NOT WRITE IN THIS SPACE. MARKS IN THIS SPACE WILL BE REPRODUCED ON THE COPIES OF THIS CERTIFICATE.