

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

27701 <sup>J</sup> 9

**1. PLACE OF DEATH**

County..... Registration District No.....  
 Township..... Primary Registration District No.....  
 City St. Louis (No. Christiana Hoop) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 2109

**2. FULL NAME** Frank Genius

(a) Residence No. 4216 Lee Ave St. 8 Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Barbara Genius

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 2<sup>nd</sup> 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
55 10 28

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Cooper  
 (b) General nature of industry, business, or establishment in which employed (or employer) None  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis Mo. (STATE OR COUNTRY)

10. NAME OF FATHER Frank Genius  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) France (STATE OR COUNTRY)  
 12. MAIDEN NAME OF MOTHER Francis Vincent  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) France (STATE OR COUNTRY)

14. INFORMANT Barbara Genius (Address) 4216 Lee Ave.

15. FILED OCT - 1 1922 May B. Starckoff REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 30<sup>th</sup> 1922

17. I HEREBY CERTIFY, That I attended deceased from Sept 27, 1922, to Sept 30, 1922, that I last saw him alive on Sept 30, 1922, and that death occurred, on the date stated above, at 5:15 A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Peritonitis

117  
127 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 2 da.  
 CONTRIBUTORY (SECONDARY) Perforation of Duodenal Ulcer (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH? \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH? Yes DATE OF Sept 30-22  
 WAS THERE AN AUTOPSY? No  
 WHAT TEST CONFIRMED DIAGNOSIS? Physical Examination  
 (Signed) Walter J. Mellie, M. D.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL No Crematory DATE OF BURIAL 10-1<sup>st</sup> 1922

20. UNDERTAKER Hauke & Schmidt ADDRESS 3403 S. Grand Ave