

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

Do not use this space.

35440

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City St. Louis (No. 2900)

File No. 10626

Registered No.

Ward.....

2. FULL NAME

(a) Residence. No. 2900 S Jefferson Ave St. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF John Geimer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 25, 1864

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
63 | 1 | 10

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

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

10. NAME OF FATHER Mr Koehler

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Mrs Rose Harris
(Address) 506^a Wellman Ave East St. Louis Ill

15. FILED Nov 21 1927 May 6 Staroseff REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 25 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov 25 1927, to Nov 25 1927, that I last saw her alive on Nov 25 1927, and that death occurred, on the date stated above, at 6 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS

Cerebral Circa
Cerebral Myocarditis
1246
936
87 (duration) yrs. 5 mo. 5 da.
CONTRIBUTORY (SECONDARY) Cerebral Sclerosis

18. WHERE WAS DISEASE CONTRACTED? at home
IF NOT AT PLACE OF DEATH, 2900 S. Jeff

DID AN OPERATION PRECEDE DEATH? NO DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS? Typical findings

(Signed) J. S. Smith M. D.

(Address) 941/25 27th 3624 S. Olive

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St Peter Paul DATE OF BURIAL Nov 28 1927

20. UNDERTAKER Wacker-Helders ADDRESS 2331 S. Bluff

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

