WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

11502

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. 6620 Alabama Ave. St. ..... Ward)

File No. 3345

Registered No. .....

2. FULL NAME George Geissert

(a) Residence. No. 6620 Alabama Ave, St., 1 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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: Norah Geissert

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec. 1 1851

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
76	3	22	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Retired 8 yrs.

(b) General nature of industry, business, or establishment in which employed (or employer): Railroad clerk

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER: George Geissert

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

12. MAIDEN NAME OF MOTHER: Unknown

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

14. INFORMANT Nrah Geissert
(Address) 6620 Alabama a

15. FILED MAR 25 1928, 19 Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 23 1928 19

17. I HEREBY CERTIFY, That I attended deceased from 3-22-, 1928, to 3-23-, 1928, that I last saw him alive on 3-23-, 1928, and that death occurred, on the date stated above, at 5 20P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho pneumonia
107A
162
1000
(duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) Senility + invalid for several years.
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

0 DID AN OPERATION PRECEDE DEATH? No. DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) D. S. Pruett, M. D

3-24-, 1928. (Address) 6006 Virginia ave

*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: Mount Olive

DATE OF BURIAL: 3-26 1928

20. UNDERTAKER: Southern

ADDRESS: 7315 S. Broadway