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

Do not use this space.

30158

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No. 1110

Township — Primary Registration District No. 1001 — Registered No.

City St. Joseph (No. St. Joseph Hospital St. Ward)

2. FULL NAME August Geib

(a) Residence. No. 520 Mitchell Avenue St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 41- yrs. mos. ds. How long in U. S., if of foreign birth? 41 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) October 7, 1876

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	52	11	14	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Store-keeper
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer C B & Q R R

9. BIRTHPLACE (CITY OR TOWN) Byrne
(STATE OR COUNTRY) Germany

PARENTS

10. NAME OF FATHER John Geib
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Elizebeth Shoemaker
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Germany

14. INFORMANT Jennie Geib
(Address) 520 South Mitchell Ave.

15. FILED SEP 23 1929 19 John G. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) September 21 19 29

17. I HEREBY CERTIFY, That I attended deceased from Sept 11, 1929, to Sept 21, 1929, that I last saw him alive on Sept 21, 1929, and that death occurred, on the date stated above, at 11-30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
122B Obstruction of Bowel
BW Intussusception
118B1
(duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY) Myocardial Insufficiency unknown
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH 520 Mitchell
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Sept 16-29
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Gustav A. Sau, M. D.
Sept. 21 19 29 (Address) Kirkpatrick Bldg

*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: Ashland Cemetery — DATE OF BURIAL: Sept 23 19 29

20. UNDERTAKER: H. O. Sidenfaden — ADDRESS: 1802 Union St.

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.

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