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

Do not use this space.
21467
~~21569~~

1. PLACE OF DEATH

County..... Registration District No. 701
Township..... Primary Registration District No. 1003
City St. Louis (No. 1936 Chippewa St. ..... Ward)

File No.....
Registered No. 6347

2. FULL NAME Helen C. Geissert

(a) Residence. No..... St., 24 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	white	married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 3 1878

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	52	2	25	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work housewife
(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 COUNTY) Missouri

PARENTS
10. NAME OF FATHER William Fritschle
11. BIRTHPLACE OF FATHER (CITY OR TOWN) New Orleans
(STATE OR COUNTRY) Louisiana
12. MAIDEN NAME OF MOTHER Elizabeth Ulmer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) New York

14. INFORMANT Geo. Geissert
(Address) 1936 Chippewa St.

15. ... 31 ... 19 ... Mary C. Starkey
FILED ..... 19 ..... REGISTRAR

3

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 28 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug. 21, 1929 to June 28 1930 that I last saw he alive on June 28 1930 and that death occurred, on the date stated above, at 8 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Apoplexy 431
Chronic Myocarditis 422
Chronic Interstitial Nephritis 93c
(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (SECONDARY) 1920
(duration) ....yrs. ....mos. ....ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) George L. Cox, M. D.
, 19 (Address) 3173 S. Broadway.

*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	DATE OF BURIAL
Valhalla Cem.	7-1 1930
20. UNDERTAKER	**ADDRESS**
Witt Bros. L & U. Co.	292 S. Jefferson

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.