

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

Do not use this space

15113

1. PLACE OF DEATH

County..... Registration District No. 701
Township..... Primary Registration District No. 1003
City St. Louis, (No. 4743 Pennsylvania Ave.)

File No.....
Registered No. 3639
St. Ward)

2. FULL NAME

Martha Geiser

(a) Residence, No. 4743 Pennsylvania Ave. St., 15 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 Female 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 John U. Geiser
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 24th. 1865
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 11 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-wife 82P
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 97
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

13. NAME Fred Wittig

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) John U. Geiser 4743 Pennsylvania Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus DATE April 22nd, 1935

19. UNDERTAKER (ADDRESS) H. Schumacher 3015 Meramec St.

20. FILED APR 22 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 20th., 1935

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1935, to April 20, 1935
I first saw her alive on April 20, 1935 Death is said to have occurred on the date stated above, at 5/PM

The principal cause of death and related causes of importance were as follows:

apoplexy Date of onset 4/20/35
Arteria Sclerosis

Other contributory causes of importance:

Name of operation clinical Date of.....
What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify..... (Signed) W. E. Goldenrod, M. D.

(Address) 4536 Virginia

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.

WHITE PLAIN, WITH UNFADING INK—THIS IS A PERMANENT RECORD

235
10
10
Mc

Registrar.

616 Bellevue 132.