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.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 21139

Township ..... Primary Registration District No. 7008 Registered No. 4908

City St Louis (No. 7045 Oleatha Ave St. ..... Ward)

2. FULL NAME John Geiger

(a) Residence, No. 7045 Oleatha Ave St., 3 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 12th, 1855

7. AGE: YEARS 77 MONTHS 5 DAYS 20 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cabinet Maker
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

FATHER

13. NAME: Unknown Geiger
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Mrs. H. M. Wallace 7032 Oleatha Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Friedens DATE June 5th, 1933

19. UNDERTAKER (ADDRESS): Robert F. Cunchmeister Clayton Rd & Concordia Lane

20. FILED JUN -5 1933, 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 2nd, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1933, to June 2, 1933
I last saw him alive on on May 26, 1933 Death is said to have occurred on the date stated above, at 4:48 p.m.
The principal cause of death and related causes of importance were as follows:

Myocarditis Chronic — Date of onset

131 936 97 | 131

Other contributory causes of importance: Arteriosclerosis and Chronic Nephritis

Name of operation ..... Date of .....
What test confirmed diagnosis? Physical signs 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? no
If so, specify .....
(Signed) S. T. Vandorn, M. D.
(Address) 3115 S. Grand