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

Do not use this space.

27596

File No. .....

Registered No. 73

1. PLACE OF DEATH

County St. Louis — Registration District No. 790

Township Central — Primary Registration District No. 6033a

City Clayton — (No. St. Louis County Hospital St. ..... Ward)

2. FULL NAME Sarah Geissler

(a) Residence, No. 1026 E. Park Ave St., ... Ward. University City, Mo. (If nonresident, give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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.

SEP 26 1933

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 William Geissler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 6-1871

7. AGE — Years: 62 — Months: 3 — Days: 22 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) St. Clair (STATE OR COUNTRY) Missouri

FATHER

13. NAME Brantley Deaton

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

MOTHER

15. MAIDEN NAME Josephine Goodman

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

17. INFORMANT William Geissler (ADDRESS) 1026 E. Park Ave University City Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Clair, Mo. DATE Aug 30 33

19. UNDERTAKER A. W. McLaughlin (ADDRESS) 1631 Missouri Ave St. Louis, Mo.

20. FILED Aug 28, 1933 Robert J. Anderson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 27, 1933, to Aug 27, 1933

I last saw her alive on Aug 27, 1933. Death is said to have occurred on the date stated above, at 12:20 a.m.

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

	Date of onset
Cerebral hemorrhage	Aug 27/33
17 Pelvic gen	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical 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. Harrah M. D.

(Address) 608 Kingsland Ave

[illegible]

[illegible]

[illegible]