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

Do not use this space.
27644

1. PLACE OF DEATH
96 County St. Louis — Registration District No. 1170 — File No.
7 Township ~~Central~~ — Primary Registration District No. 6248H — Registered No. 157
7 City Richmond (No. St. Marys Hospital St. Ward)

2. FULL NAME Dorothy Geipel

(a) Residence, No. St., Ward. Staunton Ill
(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 F.
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Martin J. Geipel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 16-1906

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
26	8	26	

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.
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) Staunton Ill

FATHER
13. NAME Fred Ullmann
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Martha Hammond
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) John Geipel 6716 Page ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Staunton Ill DATE Aug. 14, 1933

19. UNDERTAKER (ADDRESS) Huntman Und Co. Staunton Ill

20. FILED Aug 12, 1933 Gertrude Porter
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 12, 1933, to Aug. 11, 1933
I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 5 30 p.m.
The principal cause of death and related causes of importance were as follows:

Aplastic Anemia — Date of onset
71A
71A

Other contributory causes of importance

Name of operation Clinical Date of
What test confirmed diagnosis? Laboratory 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) Jerome Hinson M. D.
(Address) 504 Metropolitan Bldg.

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