

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

Do not use this space.

34696

1. PLACE OF DEATH

County..... Registration District No. 701
 Township..... Primary Registration District No. 1013
 City St. Louis (No. 2707) Uldesheim Ave St. _____ Ward _____

File No.
 Registered No. 8858
 St. _____ Ward _____

2. FULL NAME

Georg Geisel
 (a) Residence, No. 13767 Uldesheim Ave St. 11 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Elise Geisel</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 27-1855</u>		
7. AGE <u>78</u>	YEARS <u>7</u>	MONTHS <u>15</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Butcher</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Self</u>
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation <u>8</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
13. NAME <u>Henry Geisel</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
15. MAIDEN NAME <u>Margaret Kahl</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>

17. INFORMANT <u>Mrs. Elise Geisel</u> (ADDRESS) <u>2707 Uldesheim Ave</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New Chicago</u> DATE <u>Oct 14 1933</u>
19. UNDERTAKER <u>A. K. L. Co.</u> (ADDRESS) <u>2707 Uldesheim Ave</u>
20. FILED <u>15 1933</u> <u>J. Brebeck</u> Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-1-1933 to 10-10-1933
 I last saw him alive on 10-10-1933 Death is said to have occurred on the date stated above, at 11:15 a.m.
 The principal cause of death and related causes of importance were as follows:
Peptic ulcer on left side of stomach
Septicemia
Hemiplegia
 Other contributory causes of importance:
None
 Name of operation none Date of _____
 What test confirmed diagnosis? Clonal 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) C. A. White M. D.
 (Address) 919 N. Taylor St.

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.

THIS IS A PERMANENT RECORD

