

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

Do not use this space.

1. PLACE OF DEATH **SEP 13 1934**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis** (No. **St. Anthonys Hospital**)

File No. **30957**

Registered No. **8222**

2. FULL NAME **May Geers**

(a) Residence, No. **NR** St. **Ward. Carrollton, 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 **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 **Charles H. Geers, Sr**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 27, 1896**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<b>37</b>	<b>10</b>	<b>14</b>	

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

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) **St. Louis, Mo.**  
(STATE OR COUNTRY)

MOTHER FATHER 13. NAME **Patrick McEntee**

14. BIRTHPLACE (CITY OR TOWN) **Ireland**  
(STATE OR COUNTRY)

15. MAIDEN NAME **Ellen Quinn**

16. BIRTHPLACE (CITY OR TOWN) **Ireland**  
(STATE OR COUNTRY)

17. INFORMANT **Chas. H. Geers**  
(ADDRESS) **Carrollton, Ill**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Mt. Olive** DATE **8-13-34**

19. UNDERTAKER **Southern Ind. Co**  
(ADDRESS) **6222 Grand**

20. FILED **UG 11 1934** **J. P. Bredich**  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **8-10-34**, 19

22. I HEREBY CERTIFY, That I attended deceased from **July 6**, 19**34**, to **Aug 10**, 19**34**

I last saw him alive on..... 19..... Death is said to have occurred on the date stated above, at **4:30** a.m.

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

*Loxemia and Peritonitis caused by appendicitis - recto vaginal repair for salpingitis which was non purperal and non venereal cause unknown*  
Other contributory causes of importance:  
*Recto vaginal repair appendicitis*

Name of operation *Recto vaginal repair* Date of *8/10/34*  
What test confirms diagnosis? *gyp* 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) **Dr. H. Pranger**, M. D.  
(Address) **705 N. K. Highway**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

Dr. Kramer  
39<sup>th</sup> + Park.