

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

Do not use this space.

MAR 5 1935

3808

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City **St. Louis** (No. **City Hospital**)

File No.....  
 Registered No. **1157**  
 St. .... Ward)

**2. FULL NAME**

(a) Residence, No. **23354 Howard St.** Ward **20**  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred **57** yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **M** 4. COLOR OR RACE **W** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF **John A. Geisel**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb 20 1877**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
<b>57</b>	<b>11</b>	<b>11</b>	<b>11</b>	<b>11</b>

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc..... **None**  
 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) (STATE OR COUNTRY) **St. Louis, Mo.**

13. NAME **John H. Wilkhusen**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Mo.**

15. MAIDEN NAME **unknown**

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

17. INFORMANT (ADDRESS) **Woop Dupont, Jr. 1111 City Hospital**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Bark Hill** DATE **Feb 9 1935**

19. UNDERTAKER (ADDRESS) **A. W. McLaughlin 2301 E. 12th St.**

20. FILED **B-1** 19 **St. Louis** Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Mar 31, 1935**

22. I HEREBY CERTIFY, That I attended deceased from **1-16**, 19**35**, to **1-31**, 19**35**

I last saw him alive on **1-31**, 19**35**. Death is said to have occurred on the date stated above, at **2:30** P.M.

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

**Chronic Myocarditis**  
**Generalized Atherosclerosis**  
**Old Cerebral Hemorrhage**

Other contributory causes of importance:

Name of operation..... Date of.....  
 What test confirmed diagnosis? **cl** 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. L. Harris**, M. D.  
 (Address) **City Hospital**

WRITE CAREFULLY, 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.

