

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.

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

Do not use this space.

AUG 9 1935

24652

1. PLACE OF DEATH

County ST. LOUIS

Registration District No. 1003

File No.

Township

Primary Registration District No.

Registered No. 6048

City ST. LOUIS

(No. DeLozo Hospital 1325 S Grand)

St. Ward)

2. FULL NAME GEORGE GEERS

(a) Residence, No. 2246 Indiana St., 23 Ward.

(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 Male 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 Mary Geers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 19th 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 71 7 6 24

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

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) Germany

13. NAME Bernard Geers

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

15. MAIDEN NAME Elizabeth Willmiring

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

17. INFORMANT Mary Geers (ADDRESS) 2246 Indiana Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter's Church DATE July 18th 1935

19. UNDERTAKER J. H. DeLozo & Co (ADDRESS) 2610 Grand Ave

20. Jul 15 1935 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/12, 1935 to 7/13, 1935

I last saw him alive on 7/13, 1935 Death is said to have occurred on the date stated above, at 11¹⁵ p. m.

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

- 1. PNEUMONIA } DUE TO
- 2. SEPTICEMIA } Klebsiella
- 3. MENINGITIS } PNEUMONIA (Friedlander's Bacillus)

Date of onset 7/3/35

Patient first developed bronchial pneumonia, then the Friedlander Bacillus developed causing septicemia and non epidemic meningitis

Name of operation None Date of

What test confirmed diagnosis? CULTURE Was there an autopsy? No

23. If death was due to external causes (violence) fit in also the following: Accident, suicide, or homicide?

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) G. O. Brown M. D. (Address) Firmia DeLozo Hospital 1325 S. Grand St. Louis, Mo.

