

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.

AUG 9 1935

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No.....
Primary Registration District No.....

791
1003

File No.....
Registered No.....
St..... Ward.....

24772
6204

2. FULL NAME

(a) Residence, No. 3614 Spring St., 16 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rosa Geis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 6-1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
72 1 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone Mason
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Related sys
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 Jacob Geis

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Henry Geis 3614 Spring

18. BURIAL, CREMATION, OR REMOVAL PLACE Summer DATE July 29 1935

19. UNDERTAKER (ADDRESS) Wacker Belberle 3031 Broadway

20. FILED JUL 20 1935 19 J. F. Bredek Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 18 1935

22. I HEREBY CERTIFY, That I attended deceased from August 18, 1935 to July 18, 1935. I last saw him alive on July 18, 1935. Death is said to have occurred on the date stated above, at 10:30 a.m.

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

Cerebral Apoplexy

Other contributory causes of importance: Diabetes, Angina pectoris, Hypertension

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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) Robert Greiner, M. D.

(Address) 214 Russell St. St. Louis MO

