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.

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DEC 20 1935

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

Do not use this space.

40908

1. PLACE OF DEATH

County St. Louis — Registration District No. 189 — File No.

Township ~~Normandy~~ Central — Primary Registration District No. 6033 — Registered No. 291

City Normandy (No. Mother of Good Counsel Home St. Normandy, Mo. Ward)

2. FULL NAME Mary Geiger

(a) Residence, No. 6825 Nat. Bridge Rd. St., 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: f

4. COLOR OR RACE: w

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: -

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 17, 1859

7. AGE: YEARS 76 — MONTHS 7 — DAYS 15 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

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

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):

FATHER

13. NAME: John Geiger

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

MOTHER

15. MAIDEN NAME: Not known

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

17. INFORMANT (ADDRESS): John Geiger, 1926 Kallinkrodt

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary Cem. DATE 12/6/35, 19

19. UNDERTAKER (ADDRESS): Edward Koch, 3516 N 14 St

20. FILED 12-3-, 1935 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 12/3, 1935

22. I HEREBY CERTIFY, That I attended deceased from April, 12, 1932, to Dec. 3rd, 1935

I last saw her alive on 12/2, 1935 Death is said to have occurred on the date stated above, at 4:30AM

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

Chr. myocarditis, Chr. arterio-sclerosis (generalized); intestinal Ca. upper tract, protracted and frequent extreme bowel hemorrhages,

Date of onset

Other contributory causes of importance:

Extreme senility, chr. myocarditis exanguination, toxemia. Myocardial failure. 4/12/32.

Name of operation: Date of:

What test confirmed diagnosis? cli. and lab 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) [signature], M. D.

(Address) 3718 Jennings Rd.

12/4/35

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS COPY IN PLAIN TERMS.

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

1. PLACE OF DEATH
County St Louis — Registration District No. 789 — File No.
Township — Primary Registration District No. 6033 — Registered No. 291
City Normandy (No. , St. Ward)

2. FULL NAME Mary Geiger
(a) Residence, No. St., 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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): S

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

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

7. AGE — YEARS: 76 — MONTHS: 7 — DAYS: 15 — If LESS than 1 day, hrs. or min.

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

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 12-3-35 1-13-36 19 H A Bochmer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/3 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19
I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Chr myocarditis Chr, arteriosclerosis (Generalized) intestinal Ca. upper tract protracted and frequent extreme bowel hemorrhages.

Other contributory causes of importance:
Primary seat of cancer right breast penetrating thru the stomach

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) Luke B Tuenor, M. D.
(Address) 3718 Jennings Rd.
12/35

SUPPLEMENTARY

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.

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