JAN 13 1936

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

Do not use this space.

41165

File No. 10373

Registered No.

Registration District No. 1003

Primary Registration District No.

791

1. PLACE OF DEATH

County

Township

City St. Louis (No. St. Johns Hospital St. Ward)

2. FULL NAME Sattie Mary Geiger

(a) Residence, No. 4320 Eichelberger St., 2 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: 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 John Ben Geiger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-27 1873

7. AGE: Years 62 Months 9 Days 10 If LESS than 1 day, hrs. or min.

OCCUPATION

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) (STATE OR COUNTRY) New York

FATHER

13. NAME Frank Hartmann

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

MOTHER

15. MAIDEN NAME Sarah Jones

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

17. INFORMANT John Geiger
(ADDRESS) 4320 Eichelberger

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lusch Burial DATE 12-10 1935

19. UNDERTAKER Kriegshauser Mortuario
(ADDRESS) 4128 Lafayette

DEC - 9 1935

20. FILED 19 J. H. Bledsoe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-7 1935

22. I HEREBY CERTIFY, That I attended deceased from 11/25 1935, to 12-7 1935

I last saw he alive on 12-7 1935. Death is said to have occurred on the date stated above, at 10:00 A.m.

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

	Date of onset
Pneumonia Lobar Rt	11-25/35
106	

Other contributory causes of importance: none

Name of operation none 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? No
If so, specify

(Signed) W. H. Burroughs, M. D.
(Address) 4755 Morgan Ford

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.

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

Dr Burroughs
10-11