

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

Do not use this space.

1. PLACE OF DEATH **SEP 15 1936**

County.....  
Township.....  
City **St. Louis**

Registration District No. **791**  
Primary Registration District No. **1003**  
(No. **5147 Wells Ave.**)

File No. **32301**  
Registered No. **8681**  
St. .... Ward)

2. FULL NAME **E. Herman Geisler**  
(a) Residence, No. **5147 Wells Ave.**, St., **6** Ward. (If nonresident, give city or town and State)  
(Usual place of abode)  
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) **Widowed**  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 19th, 1866**  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hra. or .....min.  
**70 7 1**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Maintainence Dept.**  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Laclede Gas Co.**  
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 **Unknown**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

15. MAIDEN NAME **Unknown**

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

17. INFORMANT **Sally Geisler**  
(ADDRESS) **5147 Wells Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Valhalla Cem.** DATE **Aug. 22, 1936**

19. UNDERTAKER **Drehmann Hand**  
(ADDRESS) **1905 Union Blvd.**

20. FILED **AUG 21 1936** **J. Bredeck**  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug. 20th, 1936**  
22. I HEREBY CERTIFY, That I attended deceased from **6-1, 1936, to 8-20, 1936**  
I last saw him alive on **8-20, 1936** Death is said to have occurred on the date stated above, at **12:45 P.M.**

The principal cause of death and related causes of importance were as follows:  
**Chronic pulmonary tuberculosis**  
Date of onset  
**230**  
Other contributory causes of importance:  
**General arteriosclerosis**

Name of operation..... Date of.....  
What test confirmed diagnosis? **Exam.** Was there an autopsy? **Yes**

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? **Yes**  
If so, specify.....  
(Signed) **William W. ...** M. D.  
(Address) **5074 N. Union Blvd.**

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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