

OCT 5 1936

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**City *St Louis Mo*(No. *5200 Finkman Ave*)File No. **36214**Registered No. **9860**

St. Ward)

2. FULL NAME *George H. Geers*(a) Residence, No. *5200 Finkman Ave* 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 *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 *Helen Geers*6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 9-1868*7. AGE YEARS MONTHS DAYS *68 2 19* LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired 15 yrs*
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 *Not known*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*15. MAIDEN NAME *Not known*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*17. INFORMANT *Helen Geers* (ADDRESS) *5200 Finkman*18. BURIAL, CREMATION, OR REMOVAL PLACE *St Peter & Paul* DATE *Oct 2^d* 193619. UNDERTAKER *J. H. Galvan & Co* (ADDRESS) *2630 Gravier St*20. FILED *J. F. Bredeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept 28th* 193622. I HEREBY CERTIFY, That I attended deceased from *March 7* 1936 to *Sept 28* 1936I last saw him alive on *Sept 27* 1936 Death is saidto have occurred on the date stated above, at *8:30 P.* m.

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

Date of onset

Chronic interstitial nephritis *7 mos**Chronic Myocarditis* *1 year*Other contributory causes of importance: *131*

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

What test confirmed diagnosis?..... 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? *no*If so, specify..... (Signed) *J. H. Simon* M. D.(Address) *4000 Chouteau Av*

SEP 29 1936

