APR 9 1937

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

Do not use this space.

File No. 10050

Registered No. 2611

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City Saint Louis, Mo. (No. Isolation Hospital St. ..... Ward)

2. FULL NAME Robert Geen

(a) Residence, No. 1410 Sanford St., 4 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 25 1935

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	1	7	9	

OCCUPATION

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

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) Missouri

FATHER

13. NAME Sidney Geen

14. BIRTHPLACE (CITY OR TOWN) St. Charles (STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME Estelle Nixon

16. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

17. INFORMANT MG. Barry (ADDRESS) 5600 Arsenal st.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE 3/6/37 19

19. UNDERTAKER Graham Und. Co. Inc. (ADDRESS) 7146 Manchester Ave.

20. FILED MAR 6 1937 19 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 22, 1937, to Mar 4, 1937

I last saw him alive on Mar. 4, 1937. Death is said to have occurred on the date stated above, at 5 00 p m.

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

	Date of onset
Scarlet Fever	2-21-37
Mastoiditis	
Thrombosis of Lat. Sinus	2-28-37
	3-4-37

Other contributory causes of importance:

Name of operation Mastoidectomy Date of 3-4-37

What test confirmed diagnosis? Autopsy 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? .....
If so, specify .....

(Signed) Henry Hilmich, M. D.

(Address) 5400 Arsenal