

APR 9 1937

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** (No. **Deaconess Hospital**) St. .... Ward)

File No. **10056**  
Registered No. **2617**

2. FULL NAME **Mrs. Florence E. Geyer**

(a) Residence, No. **5205A Walsh Ave.** St. **14** 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 **George G. Geyer**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov. 24, 1879**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**57 3 10**

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. **Housewife**

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) **Illinois**

13. NAME **George W. Etter**

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

15. MAIDEN NAME **Mary Rhoads**

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

17. INFORMANT (ADDRESS) **Mr. George G. Geyer 5205 A. Walsh St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Memorial Park** DATE **3-2-37** 1937

19. UNDERTAKER (ADDRESS) **Kriegshauser Mortuaries 4228 So. Kingshighway**

20. FILED **J. Bredeck** Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from **April 1936** to **Mar 4 1937**  
I last saw her alive on **Mar 4 1937** Death is said to have occurred on the date stated above, at **11:59 P.M.**

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

**Cerebral hemorrhage** Date of onset

Other contributory causes of importance: **87**

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 .....

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? **No**  
If so, specify **E. M. Gobius** M. D.  
(Signed) **3017 Lafayette**  
(Address)

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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MAR 6 1937

6) Mr. ...

MAR 25 1955