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, Mo. (No. 4976 a Thrush Ave. St. ..... Ward)

File No. 10748

Registered No. 3322

2. FULL NAME William Geggus SR.

(a) Residence, No. 4976 a Thrush Ave. St., 7 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 Mrs. Nola Geggus. (Hunter)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 1, 1866.

7. AGE: YEARS 70 YR. D. MONTHS 3. DAYS 23. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired.

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.

FATHER

13. NAME Unknown.

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

MOTHER

15. MAIDEN NAME Unknown.

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

17. INFORMANT Mrs. Nola Geggus.
(ADDRESS) 4976a Thrush Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Pickers. DATE March 27, 1937

19. UNDERTAKER Math Hermann & Son.
(ADDRESS) 2161 East Fair Ave.

20. FILED ..... 19..... J. F. Bredeck
MAR 25 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1937, to March 24, 1937
I last saw him alive on Mar 24, 1937. Death is said to have occurred on the date stated above, at 1010 P. M.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset Mar 15, 1937

Other contributory causes of importance:

General Hypertension — Dont Know

Name of operation none Date of
What test confirmed diagnosis? clinical 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) Roland R. Meinown, M. D.
(Address) 5330 Geraldine Ave

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.