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.

AUG - 5 1937

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

Do not use this space.

25348

File No. 6522

Registered No.

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH

County

Township

City St. Louis Mo. (No. Barnes Hospital St. Ward)

2. FULL NAME Marguerite Agnes Geissner

(a) Residence, No. 7707 Vermont St., 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*): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): August 2, 1893

7. AGE: Years 43 | Months 11 | Days 1 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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): St. Louis Missouri

FATHER

13. NAME: Edward Burns

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unavailable

MOTHER

15. MAIDEN NAME: Frances Tabey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unavailable

17. INFORMANT (ADDRESS): Edward Burns, 1801 Lami, St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Hope Cemetery DATE July 7, 1937

19. UNDERTAKER (ADDRESS): C. Hoffmeister Und. & Livery Co. 7814 S. B'way, St. Louis, Mo.

20. FILED JUL 6 1937 J. J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 3 - 1937

22. I HEREBY CERTIFY, That I attended deceased from June 25, 19..., to July 3 -, 1937

I last saw h. s. v. alive on July 3 -, 1937 Death is said to have occurred on the date stated above, at 11:30 p.m.

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

	Date of onset
CARCINOMA of Breast	Jan-1937
CARCINOMATOSIS	

Other contributory causes of importance:

Name of operation: none Date of

What test confirmed diagnosis? 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) [illegible], M. D.

(Address) [illegible]