

NOV 15 1937

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

36390
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. 791
(b) Township..... Primary Registration District No. 1008
(c) City ST. LOUIS Mo. (d) Street No. 1225 Geyer St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 69 yrs. mos. ds. 1 How long in U.S., if of foreign birth? yrs. mos. ds.

Registered No. 9967

2. PRINT FULL NAME ANNA GEISMAN

(a) Residence, No. 1225 GEYER St. 23
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>FEMALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>WIDOWED</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>JOSEPH GEISMAN</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>JUNE 3, 1868</u>				
7. AGE	YEARS <u>69</u>	MONTHS <u>4</u>	DAYS <u>22</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>HOUSE WORK</u>			
	9. Industry or business in which work was done, as saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year)			
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>ST. LOUIS, Mo.</u>		11. Total time (years) spent in this occupation		
FATHER	13. NAME <u>HENRY RUETTIGERS</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>GERMANY</u>			
MOTHER	15. MAIDEN NAME <u>MARY WIELAND</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>GERMANY</u>			
17. INFORMANT <u>MRS. KATIE PRANTE</u> (ADDRESS) <u>1421 ME CAUSLAND</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>MT OLIVE</u> DATE <u>10-27-37</u>				
19. FUNERAL DIRECTOR <u>MULLEN BROS.</u> (ADDRESS) <u>4259 LINDELL BLVD.</u>				
20. FILE <u>OCT 27 1937</u> <u>J. Bredeck</u> Local Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10 - 25, 1937
22. I HEREBY CERTIFY That I attended deceased from Sept. 16, 1937 to Oct. 23, 1937
I last saw her alive on October 23, 1937. Death is said to have occurred on the date stated above, at 3 p m.
The principal cause of death and related causes of importance were as follows:

Chronic Endocarditis
Chronic Bronchitis
Other contributory causes of importance:
Cardiac Asthma

Date of onset

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.....
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 Henry G. Geyer St 9 → M. D.
(Signed) J. Bredeck (Address) 4186 S. Grand Blvd.

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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STATEMENT BY LICENSED EMBALMER

I, Thos R. Fenwick, Licensed Embalmer No. 3793

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Myself
I. E. _____

No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision.

Signed Thos R. Fenwick
Licensed Embalmer No. 3793

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)