

FEB 16 1938

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

4213
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 96
 (b) Township North St. Louis Primary Registration District No. _____ Registered No. 81
 (c) City Pine Lawn (d) Street No. 3450 Oakdale Pine Lawn 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 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Katherine Geisner 256
 (a) Residence, No. 3450 Oakdale Pine Lawn St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 11 1860

7. AGE YEARS 77 MONTHS 2 DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
 9. Industry or business in which work was done, as 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) Missouri

FATHER 13. NAME John Diebold
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

MOTHER 15. MAIDEN NAME Katherine Schweitzer
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT Emma Huelster
 (ADDRESS) 3450 Oakdale Pine Lawn

18. BURIAL, CREMATION, OR REMOVAL PLACE S.S. Peter & Paul DATE Jan 13 38

19. FUNERAL DIRECTOR Theodor Meyer
 (ADDRESS) 2906 Gravois Ave.

20. FILED 17 THEODOR MEYER, M. D. Local Registrar
 Deputy State Registrar of Health

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JAN 11 1938

22. I HEREBY CERTIFY, That I attended deceased from 5-8, 1937, to 1-11, 1938

I last saw her alive on 1-16, 1938. Death is said to have occurred on the date stated above, at _____ m.

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

Carcinoma of Pancreas 8 mo Date of onset

Other contributory causes of importance: Ch. nephritis 5 yrs

Name of operation none Date of _____
 What test confirmed diagnosis? phys 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) Theodor Meyer M. D.

(Address) 340 Bermuda 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.

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STATEMENT BY LICENSED EMBALMER

I, THOMAS KUTIS, Licensed Embalmer No. 1619
hereby certify that the body recorded on the reverse side of this certificate was embalmed by THOMAS KUTIS
L. E. 1619
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.
Signed Thomas Kutis
Licensed Embalmer No. 1619

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.)