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.

REC'D JUN 9 1938

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

16279
Do not use this space.

Registration District No. 791
Primary Registration District No. 1003
Registered No. 4140

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis
(d) Street No. DePaul Hospital 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 Infant Geisel 2/10
(a) Residence, No. 643 Carrie Avenue St. 9
(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1, 1938

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
		2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis 0
(STATE OR COUNTRY) Missouri

FATHER
13. NAME Arthur F. W. Geisel 0
14. BIRTHPLACE (CITY OR TOWN) St. Louis 0
(STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Jessie McCormell
16. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri

17. INFORMANT Arthur F. W. Geisel
(ADDRESS) 643 Carrie Avenue

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla Cemetery DATE May 5, 1938

19. FUNERAL DIRECTOR Math Hermann & Son
(ADDRESS) 2161 East Fair Avenue

20. FILED MAY - 5 1938 J. F. Bredick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 1st 1938, to May 3rd, 1938
I last saw him alive on May 3rd 1938. Death is said to have occurred on the date stated above, at 9:08 P. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Interstitial obstruction, nature & cause unknown	May 1
Other contributory causes of importance: Prematurity.	

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
(Signed) J. P. Wilson, M. D.
(Address) 4362 Warne

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, William G. Buchholz, Licensed Embalmer No. 2110

hereby certify that the body recorded on the reverse side of this certificate was embalmed by William G. Buchholz, L. E.

No. 3 or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed William G. Buchholz

Licensed Embalmer No. 2110

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