

REC'D MAR 13 1939

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

5974

Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan 2 Registration District No. 85
(b) Township _____ Primary Registration District No. 1001
(c) City St. Joseph 1 (d) Street No. 2523 Pacific Registered No. 185
(e) Length of residence in city or town where death occurred 57 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

LUDWIG GEIS
(a) Residence, No. 2523 Pacific 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 29, 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 73 1 27

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Boilermaker
9. Industry or business in which work was done, as saw mill, bank, etc. Grand Island
10. Date deceased last worked at this occupation (month and year) 18 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bavaria, Germany

13. NAME George Geis 6

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

15. MAIDEN NAME Rosine Schnyder 6
unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bavaria, Germany 6

17. INFORMANT (ADDRESS) Mrs Anna M. Heydt
2523 Pacific

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Olivet DATE Feb 28, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Barry-Wylie Funera
218 South 10th Home

20. FILED 2/28 1939 H. H. Mottelbach
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from 4-26-39, 1938, to 2-26-39, 1939

I last saw him alive on 1-29-39, 19..... Death is said to have occurred on the date stated above, at 1 P.M.

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

Chronic Myocarditis
Hypertension

Other contributory causes of importance: 92C

Name of operation Clavical Date of ✓

What test confirmed diagnosis? Clavical 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) A. J. Smith, M. D.

(Address) 125 West 8th Street

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.

Corrected by affidavit Mar 27, 1939 G. Wood

See affidavit # 159 in Misc file

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, D. E. Ryan

..... or by

Registered Apprentice No., working under my personal supervision.

Signed D. E. Ryan

Licensed Embalmer No. 3613

P. O. Address St. Joseph, Mo

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.)

If this body is not embalmed, above space should be left blank.