

Registration District No. 57800

Primary Registration District No. 106

1. PLACE OF DEATH

(a) County St. Louis
(b) City or town Kirkwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 246 Commerce
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED

(a) State Missouri (b) County St. Louis
(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")
(d) Street No. 246 Commerce
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28
year 1940 hour 9 minute 40 A.M.
21. I hereby certify that I attended the deceased from Jan 5, 1940
_____ 19 _____ to _____ July 28, 1940
that I last saw him alive on July 28, 1940
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME William F Geyer
3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sarah Geyer 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased Aug 28 - 1880
(Month) (Day) (Year)

8. AGE: Years 89 Months 11 Days 0
If less than one day _____ hr. _____ min.

9. Birthplace Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Bricklayer

11. Industry or business _____

12. Name Unknown

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown
(City, town, or county) (State or foreign country)

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Ralph Geyer

(b) Address 250 Commerce Kirkwood

17. (a) Burial (b) Date thereof 7-31-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill

18. (a) Signature of funeral director Rous H. Bopp

(b) Address Kirkwood

19. (a) JUL 30 1940 (b) R.R. Mifflin
(Date received local registrar) (Registrar's signature)

Immediate cause of death Cerebral hemorrhage Duration 1 day
Due to Arteriosclerosis 10 yrs.

Due to 93
Other conditions Chr. myocarditis 10 yrs
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature C. Sheddie (M. D. or other) MD
Address Kirkwood, Mo Date signed 7/29/40
While at work? _____ (Specify type of place) _____
(e) Means of injury _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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, or by _____

Louis H Bopp

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Louis H Bopp

Licensed Embalmer No. *92111*

P. O. Address *Kirkwood*

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.

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