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23152

MAR 25 1941

791

1003

State File No.

Registrar's No.

1569

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County.....  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3458 Alberta St.  
(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)

3. (a) PRINT FULL NAME Edward F. Geisler

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Mary Geisler 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Nov. 11 1860  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
80 3 4 hr. min.

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

10. Usual occupation nil

11. Industry or business

MOTHER FATHER { 12. Name Fred Geisler  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Emilia Unknown  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Edna Maschmeier

(b) Address 3458 Alberta St.

17. (a) Burial (b) Date thereof 2/18/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cem.

18. (a) Signature of funeral director E. J. Schum

(b) Address 553 18. 1941 Schnur 3125 Lafayette

19. (a) (Date received local registrar) (b) STB Redek (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis 1716  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3458 Alberta St. 9  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 15  
year 1941 hour 4:20 minute P M.

21. I hereby certify that I attended the deceased from Jan 1940 to Feb 15 1941  
that I last saw him alive on Feb 14th 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Cervary Pileuses 6 mos

Due to arteriosclerosis 7

Due to Cholesterol ?  
Nephritis

Other conditions (Include pregnancy within 3 months of death) 1/21

Major findings: Of operations

Of autopsy

Duration

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? ✓  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ✓

While at work (Specify type of place) (Means of injury)

23. Signature B. Hamilton (M. D. or other) 0  
Address 1214 Jefferson Date signed 2/17/41

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.....

....., Registered Apprentice No.....

..... working under my personal supervision.

Signed.....

..... Licensed Embalmer No. *4014*

..... P. O. Address *3125 Lafayette Ave*

**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, fact should be so stated above.**