

No. 2
1-4-41
-17-39
x2839d

JAN 24 1942 791
Registration District No.

Primary Registration District No. 1003

Registrar's 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:
Christian Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community four Days
years, months or days (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4890 Bessie Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Katharine Geyer

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Joe B Geyer 6. (c) Age of husband or wife it alive 57 years
7. Birth date of deceased September 23 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 2 9
hr. min.

9. Birthplace St Louis Mo
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

12. Name Conrad Seidentop
13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Rode
15. Birthplace ?
(City, town, or county) (State or foreign country)

16. (a) Informant Joe B Geyer
(b) Address 4890 Bessie Ave

17. (a) Burial (b) Date thereof Dec 5 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem

18. (a) Signature of funeral director Reiderwieden Funl Home Inc
(b) Address 1936 St Louis Ave

19. (a) DEC 4 1941 J. J. Bedeck
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 2
year 1941 hour 8:10 minute P M.
21. I hereby certify that I attended the deceased from June 23, 1941
19. to Dec. 2 19. 41
that I last saw her alive on Dec. 2 19. 41
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia
Duration 10 days

Due to Bilateral Polycystic Kidneys
No Stones

Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none
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) no
(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?

(Specify type of place)
While at work? (e) Means of injury M.D.
23. Signature Wilbur J. Hoke (M. D. or other)
Address 4278 Natural Bridge Date signed 12/3/41

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

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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. *3737*

P. O. Address *1936 St. Louis*

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.