

V. S. No. 2  
SOM-9-4-41  
Rev. 5-17-39  
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179

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. 293  
Registrar's No. 743

FILED FEB 24 1942  
Registration District No. ....

Primary Registration District No. ....

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

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:  
**1107 Sanford Ave. 1**  
(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 **John David Geisinger**  
3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex **Male D** 5. Color or race **White D** 6. (a) Single, married, divorced **Single D**  
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased **Dec. 24 1941**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	0	0	29	.....hr. ....min.

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

10. Usual occupation.....  
11. Industry or business.....  
MOTHER { 12. Name **Samuel M. Geisinger**  
13. Birthplace **St. Louis Mo. D**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Nesta Johnson**  
15. Birthplace **St. Louis Mo. D**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Samuel M. Geisinger**  
(b) Address **1107 Sanford Ave.**

17. (a) **Burial** (b) Date thereof **1-24-42**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Oak Grove Cem.**

18. (a) Signature of funeral director **Drehmann-Harral**  
(b) Address **1905 Union Blvd.**

19. (a) **Jan 24 1942** (b) **J. F. Breuck**  
(Date received from Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Mo.** (b) County.....  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1107 Sanford Ave. D**  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Jan** day **23rd**  
year **1942** hour **4:15 pm** minute..... M.  
21. I hereby certify that I attended the deceased from **Dec 24**, 1941, to **Jan 23**, 1942  
that I last saw him alive on **Jan 23**, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death  
**Bronchial Pneumonia**  
Due to **Congenital Heart Disease**  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: **157**  
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?  
While at work..... (Specify type of place) (e) Means of injury.....  
23. Signature **Joseph C. Gardner** (M.D. or other)  
Address **216 Elm Rd** Date signed **1-23-42**

**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

*Albert R. Thompson Jr.*

Licensed Embalmer No. *4237*

P. O. Address.....

**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.**