

OLD MAR 17 1942
Registration District No. **791**

Primary Registration District No. **100**

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5231 BONITA AVE
(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 Mo (b) County _____
(c) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 5231 Bonita Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 4
year 1942 hour 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from
Sept 25 1932 to Feb 4 1942
that I last saw him alive on Feb 3 1942
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration
Aneurysm of aorta, syphilitic 10 yr.

Due to _____
Due to _____
Other conditions _____
(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? _____

(Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature William B. Day (M. D. or other)
Address 3720 Washington Blvd Date signed 2-4-42

3. (a) PRINT FULL NAME Fredrick Geisel

3. (b) If veteran, name war _____ 3. (c) Social Security No. 488-03-6343

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

6. (b) Name of husband or wife Cora Geisel 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov/ 24, 1879
(Month) (Day) (Year)

8. AGE: Years 62 Months 2 Days 10 If less than one day _____ hr. _____ min.

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

10. Usual occupation Clerk-Bell Tel. Co.

11. Industry or business _____

MOTHER FATHER { 12. Name Siegfried H. Geisel

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

14. Maiden name Henrietta Probst

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

16. (a) Informant Mrs. Cora Geisel

(b) Address 5231 Bonita Ave.

17. (a) Burial (b) Date thereof 2/6/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Charles W. ...

(b) Address 4911 Washington Bl

19. (a) FEB 5 1942 (b) J. T. Fredrick
(Date received local registrar's certificate) (Registrar's signature)

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.....

Thomas R. Emrick

Licensed Embalmer No.

3793

P. O. Address.....

St. Louis 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, fact should be so stated above.