

FILED APR 27 1942
Registration District No. 784

Primary Registration District No. 106

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

1. PLACE OF DEATH:
(a) County ST. LOUIS.
(b) City or town MAPLEWOOD
(c) Name of hospital or institution: MAPLEWOOD NURSING HOME
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MO. (b) County ST. LOUIS SE
(c) City or town MAPLEWOOD.
(d) Street No. 2200 BRENDEN
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME LIZZIE GESCHWINDNER.
3. (b) If veteran, name war NO. 3. (c) Social Security No. NO

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 22
year 1942 hour 11 A.M. minute _____ M.

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced, WIDOWED
6. (b) Name of husband or wife ADOLPH 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased JULY 4 1866
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 11/1/41 19. to 4/21/42 19. ;
that I last saw h. er alive on 4/20/42 19. ;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
75 9 18 hr. _____ min.

Immediate cause of death: Apoplexy
Due to Infirmities of age

9. Birthplace Smiley ILL
(City, town, or county) (State or foreign country)
10. Usual occupation HOUSEWIFE

Other conditions: _____
(Include pregnancy within 3 months of death)
Due to g301

11. Industry or business _____
12. Name UNKNOWN
13. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)
14. Maiden name ELLEN THOMAS MEIER
15. Birthplace GER.
(City, town, or county) (State or foreign country)

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

16. (a) Informant Clara Gammel
(b) Address 5551 Col. Ballin
17. (a) BURIAL (b) Date thereof APR 22 42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation NEW PICKERS
18. (a) Signature of funeral director J. P. Smith
(b) Address 7128 MICHIGAN, P.
19. (a) APR 22 1942 (b) C. W. Meier
(Place of burial or cremation) (Registrar's signature)

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?
While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature Thos. J. Reif (M. D. or other) _____
Address 7465 Hazel, Maplewood. Date signed 4/22/42

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 *Harry J. Schumaker*

Licensed Embalmer No. *2679*

P. O. Address *732 ...*

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.