

1003

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:  
4459 Wallace Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community Life  
years, months or days

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. 4459 Wallace Ave.  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Bernard R. Geers

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

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

6. (b) Name of husband or wife Bertha Haupt Geers 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased June 3 1877  
(Month) (Day) (Year)

8. AGE: Years 65 Months 0 Days 15 If less than one day hr. min.

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

10. Usual occupation Sign writer

11. Industry or business.....

MOTHER FATHER { 12. Name -- Geers  
13. Birthplace unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name unknown  
15. Birthplace unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Bertha Geers  
(b) Address 4459 Wallace Ave.

17. (a) burial (b) Date thereof 6/20/1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old St. Peter & Paul

18. (a) Signature of funeral director John S. Ziegenhein  
(b) Address 7027 Gravois Ave.

19. (a) JUN 20 1942 (b) J.P. Brudeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18th  
year 1942 hour 6:10 minute A M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....  
that I last saw h..... alive on....., 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion  
arteriosclerosis  
Due to hypertension  
Due to hypertension  
Other conditions (Include pregnancy within 3 months of death) none  
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?..... (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature Alfred... (Specify type of place) (Cause of injury) M. D. or other)  
Address ... Date signed 6/19/42

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

010  
000  
17  
9

844

(Licensed Embalmer's Statement on Reverse Side)

**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.....

*E. P. Kiddwell*

Licensed Embalmer No. *3877*

P. O. Address. *7027 Garwood*

**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.**