

FILED APR 23 1943  
Registration District No. 318

Primary Registration District No. 1003

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:  
City Hospital  
(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..... Missouri (b) County..... 000  
12  
707

(c) City or town..... St. Louis,  
(If outside city or town limits, write "RURAL")

(d) Street No. 2430 Lemp Avenue  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
0

If yes, name country.....

3. (a) PRINT FULL NAME John Geiger 489-10-5588

3. (b) If veteran, name war.....

3. (c) Social Security No. 489-16-5588

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Pauline

6. (c) Age of husband or wife if alive 23 years 1889

7. Birth date of deceased June 23, 1889  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>53</u>	<u>9</u>	<u>19</u>	.....hr. ....min.

9. Birthplace Germany  
(City, town, or county) (State or foreign country)

10. Usual occupation Cement Worker

11. Industry or business.....

12. Name Henry Geiger

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Barbara Karl

15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Geiger, Jr.

(b) Address 2430 Lemp (rear)

17. (a) Burial  
(Burial, cremation, or removal)

(b) Date thereof Apr. 15, 1943  
(Month) (Day) (Year)

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

18. (a) Signature of funeral director John H. Gibson

(b) Address 2630 Drayton Ave

19. (a) APR 13 1943 (Date received local registrar)

(b) J. F. Brodeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12  
year 1943 hour 10:48 minute A. M.

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

Immediate cause of death.....  
Chronic Myocarditis  
Chronic Endocarditis  
Reptilian

Due to.....

Due to..... 131

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?

While at work?.....  
(Specify type of place) (Means of injury)

23. Signature Alfred Perry (M. D. or other)  
Address 2430 Lemp Date signed 4/15/43

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.....

*Robert F. Gebken*

Licensed Embalmer No.....

4144

P. O. Address.....

2630 Gravois Avenue

**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.**