

S. No. 2
OM-2-43
5-17-39
-1 X35897

16121

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 4581

FILED JUN 4 1943 318

Registration District No. _____

Primary Registration District No. 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:
Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 Days
(Specify whether years, months or days)

In this community 50 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

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

(d) Street No. 1521 Newhouse Ave.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles Geiger

3. (b) If veteran, name war No

3. (c) Social Security No. 494-01-5938

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15
year 1943 hour 11 minute 45 A.M.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Wife

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased January 14 1873
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 5-3-43
1943 to 5-15-43 1943
that I last saw him alive on 5-14-43 1943
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>4</u>	<u>1</u>	_____ hr. _____ min.

Immediate cause of death Ch. Myocarditis

Duration _____

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

10. Usual occupation Stock Room Clerk

Due to Age & Sues

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

11. Industry or business Brauer Stove Repair Co.

MOTHER FATHER

12. Name Unknown Geiger

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

14. Maiden name Unknown

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

PHYSICIAN _____

Major findings:
Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Mary Geiger

(b) Address 1521 Newhouse Ave.

17. (a) Burial (b) Date thereof 5-18-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Sudmeyer & Sons

(b) Address 3924 N. 80th St.

19. (a) MAY 17 1943 (b) J. F. Bredebeck
(Date received local registrar) (Registrar's signature)

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 Hugh Haynes (M. D. or other) _____

Address 3720 Washington Ave. Date signed 5-17-43

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.....

Alfred J. Boedeker

Licensed Embalmer No. *2663*

P. O. Address. *5934 Alpha*

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.