DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

336

State File No.

FILED FEB 27 1944

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4[illegible]

1. PLACE OF DEATH:

(a) County

(b) City or town Saint Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Good Samaritan Home. 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 yr + (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri. (b) County 17

(c) City or town Saint Louis, 9 12
(If outside city or town limits, write "RURAL")

(d) Street No. 4500 Washington Ave.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Ida Geiger

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race White 1

6. (a) Single, widowed, married, divorced Widowed. 2

6. (b) Name of husband or wife Anton Geiger

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

7. Birth date of deceased July (Month) 17th, (Day) 1849 (Year)

8. AGE: Years 94 Months 5 Days 27 If less than one day hr. min.

9. Birthplace Unknown. (City, town, or county) Missouri. 0 (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown. (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant Clarence Boyd

(b) Address 701 Brittny University City Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 17, 1944. (Month) (Day) (Year)

(c) Place: burial or cremation Our Redeemer Cemetery.

18. (a) Signature of funeral director Ziegenhein Bros.

(b) Address 6409 Gravois Ave.

19. (a) JAN 14 1944 (Date received local registrar) J. F. Bruck (Registrar's signature)

644

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 14th, year 1944. hour 1 minute 30 A. M.

21. I hereby certify that I attended the deceased from Dec 21, 1943 to Jan 14, 1944 that I last saw her alive on Jan 10, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy. 1

Due to

Due to

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

Major findings:
Of operations

Of autopsy

Duration 1/3/44

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 H. & Bergman (M. D. or other) M D

Address 3720 Washington Date signed 1/14/44

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 3320

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.