

FILED MAR 6 1944 318

Registration District No. .... Primary Registration District No. ....

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

1. PLACE OF DEATH:

(a) County St Louis  
(b) City or town St Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Faith 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)

3. (a) PRINT FULL NAME

Albert E. Geity

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

4. Sex Male 5. Color or Race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife Nellie 6. (c) Age of husband or wife if alive, years

7. Birth date of deceased July 29-1880  
(Month) (Day) (Year)

8. AGE: Years 63 Months 6 Days 25 If less than one day hr. min.

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

10. Usual occupation Asst Health Comm

11. Industry or business City of Clayton

12. Name John Geity

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

14. Maiden name Mink

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

16. (a) Informant Mrs Nellie Geity

(b) Address 203 Linden, Clayton Mo

17. (a) Burial (b) Date thereof 2-26-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nalanda Cem

18. (a) Signature of funeral director Louis H. Goppert  
(b) Address Kirkwood Mo

19. (a) FEB 26 1944 (b) J. F. Bredek  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis  
(c) City or town Clayton  
(If outside city or town limits, write "RURAL")  
(d) Street No. 203 Linden  
(If rural, give location)  
(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country NR

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 23  
year 1944 hour 3 minute 15 P M.

21. I hereby certify that I attended the deceased from 2/22/44  
to 2/23/44, 19.....  
that I last saw him alive on 2/23/44, 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal obstruction & gangrene of bowels

Due to Incarcerated left inguinal hernia

Other conditions Bilateral pneumonia  
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy Above

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)  
f. (e) Means of injury None

23. Signature A. J. S. Welch (M. D. or other) MD  
Address 2801 N. Taylor Date signed 2/24/44

Duration

3 days?

PHYSICIAN

Underline the cause to which death should be charged statistically.

1905

1904

**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

*Van M. Szemura*

Licensed Embalmer No.

*4343*

P. O. Address

*7415 Zephyr Pl.  
Mableton, Ga.*

**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.**