S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 8 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

12801

State File No. .....

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 4000

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town ..... (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5403 Ruskin
(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 Mo. (b) County St. Louis
(c) City or town ..... (If outside city or town limits, write "RURAL")
(d) Street No. 5403 Ruskin
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME Elizabeth M. Geary
3. (b) If veteran, name war ✓
3. (c) Social Security No. .....
4. Sex Female
5. Color or race 1 Wh
6. (a) Single, widowed, married, divorced 0 Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased June (Month) 18 (Day) 1882 (Year)

8. AGE: Years 61 Months 10 Days 8 If less than one day ..... hr. ..... min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Saleslady
11. Industry or business .....
FATHER
12. Name Patrick Geary
13. Birthplace Ireland (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Reardon
15. Birthplace Ireland (City, town, or county) (State or foreign country)
16. (a) Informant William A. Geary
(b) Address 5367 Queens Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 1, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem.
18. (a) Signature of funeral director Chas. F. Stuart
(b) Address 1225 Union Blvd
19. (a) APR 29 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26 year 1944 hour 10 minute P. M.
21. I hereby certify that I attended the deceased from Feb. 1st, 1944 to April 26, 1944 that I last saw her alive on April 26, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic myocarditis	Don't know
Due to: General hypertension	Don't know
Due to: —	
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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature R. R. Menown (M. D. or other) MD
Address 5330 Geraldine Date signed 4/27/44

(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. Albert G. Koppe

Licensed Embalmer No. 2971

P. O. Address.....

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.