DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 8 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19720

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5941

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: Alexian Brothers 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 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

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

(d) Street No. 5500 Vermont ave.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

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3. (a) PRINT FULL NAME Emil J. Geck

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Emma Geck

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased January (Month) 3 (Day) 1878 (Year)

8. AGE: Years 66 Months 5 Days 29 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Clerk

11. Industry or business Retired

FATHER
12. Name William Geck 4
13. Birthplace Stuugart (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Julia Unknown
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Emma Geck
(b) Address 5500 Vermont ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 5, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemtery

18. (a) Signature of funeral director C. Hoffmeister U.&L. Co.
(b) Address 7814 S. Broadway

19. (a) JUL 3 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

844

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month July day 2
year 1944 hour 1 minute 45 P. M.

21. I hereby certify that I attended the deceased from 6-17-44, 19, to 7-2-44, 19;
that I last saw him alive on 7-2, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Terminal Pneumonia — Duration 3 days

Due to Senile Dementia

Due to

Other conditions (Include pregnancy within 3 months of death) 111 C

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 0

23. Signature E. F. Sasson (M. D.)
Address Frisco Bldg Date signed 7-3-44

(Licensed Embalmer's Statement on Reverse Side)

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

906 Olive St.

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.....
Louis C. Hoffmeister, Registered Apprentice No.....
working under my personal supervision.

Signed Louis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broa

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.