

FILED NOV 10 1944
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **9349**

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: 756 Dover
(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 _____
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 756 Dover
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRENT FULL NAME Christian A. Geitz
 3. (b) If veteran, name war None 3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month November day 1
 year 1944 hour 6 minute _____ p. M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Anna Geitz 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased November 29 1872
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from several years about 5 yrs.
 that I last saw him alive on Oct 31 - 1944
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>11</u>	<u>5</u>	hr. _____ min. _____

Immediate cause of death: Acute Myocarditis 4 da.
Chronic Intestinal Neph - eye
Carcinoma Urinary Bladder - Primary
Carcinoma Lung R.
 Other conditions: Cerebral Hemorrhage 3 mo.
(Include pregnancy within 3 months of death)

9. Birthplace Evansville Illinois
(City, town, or county) (State or foreign country)
 10. Usual occupation Nil

Major findings: 52
 Of operations _____
 Of autopsy _____
PHYSICIAN
 Underline the cause to which death should be charged statistically.

MOTHER {
 11. Industry or business _____
 12. Name Daniel Geitz
 13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anna Geitz
 (b) Address 756 Dover
 17. (a) Burial (b) Date thereof Nov. 4, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation New St. Marcus Cem.

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? _____

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.
 (b) Address 7814 S. Broadway
 19. (a) NOV 3 1944 (b) J. F. Bredsch
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury D
 23. Signature J. F. Bredsch (M. D. _____)
 Address 7405 Mich. Av Date signed 11/3/44

8-10
7405 Wash
8-10

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 Lenius C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S Broadway

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.