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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED DEC 9 1946**  
#8084

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38629**

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **10023**

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Louis City Hospital-Max C. Starkloff  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 0  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2430a Lamp Ave. Rear  
Memorial (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME HENRY GEIGER  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Nov. day 22nd  
year 1946 hour 5:25 minute 11/6/46 P. M.  
21. I hereby certify that I attended the deceased from Nov. 22 1946  
to Nov. 22 1946  
that I last saw him im alive on \_\_\_\_\_  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased August 23, 1898  
(Month) (Day) (Year)

Immediate cause of death \_\_\_\_\_  
Carcinoma of Stomach  
Duration \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
54 2 29 hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

10. Usual occupation Concrete Laborer

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_

11. Industry or business \_\_\_\_\_  
12. Name Henry Geiger  
13. Birthplace Germany #  
(City, town, or county) (State or foreign country)  
14. Maiden name Barbara Karl  
(City, town, or county) (State or foreign country)  
15. Birthplace Germany #  
(City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.  
H6

16. (a) Informant Anna Olliges  
(b) Address 1926 Senate St.  
17. (a) Burial (b) Date thereof 11/22/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

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? \_\_\_\_\_

(c) Place: burial or cremation Old St. Peter & Paul Cem.  
18. (a) Signature of funeral director John N. Reber Sons & Co.  
2630 Gravois Ave.  
(b) Address \_\_\_\_\_  
19. (a) NOV 25 1946 (b) J. F. Brack  
(Date received local registrar) (Registrar's signature)

While at work? George Parfitt, M.D.  
(Specify type of place) (Specify nature of injury)  
23. Signature 1515 Lafayette 11/20/46 (or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

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

*[Handwritten signature]*

*[Handwritten initials]*

**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 *Robert H. Gibben*  
Licensed Embalmer No. *4144*  
P. O. Address *2630 Annapolis*

**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.**