

S. No. 2
1-1/47
5-17-39

FILED MAY 9 1947 318

State File No. _____
Registrar's No. 4306

Registration District No. _____ Primary Registration District No. 1003

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: Missouri Baptist 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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4244 Arsenal Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Henry C. Geders
(b) If veteran, name war _____
(c) Social Security No. 490-03-1757

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 26th
year 1947 hour 3 minute 45 A. M.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Theresa
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased August 20th, 1884
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 3, 1947, to April 26, 1947, that I last saw him alive on April 25, 1947, and that death occurred on the date and hour stated above.
Duration _____

8. AGE: Years Months Days If less than one day
62 8 6 _____ hr. _____ min.

Immediate cause of death: Coronary Type Myocarditis
Due to _____
Due to 9/4
Other conditions: Hypertension (include pregnancy within _____ months of death) 1 year

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

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

10. Usual occupation Beer Bottler
11. Industry or business Griesedieck Brewery
12. Name Theo. Geders
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Theresa Geders
(b) Address 4244 Arsenal, St. Louis, Mo.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

17. (a) burial (b) Date thereof Apr. 29, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New S.S. Peter & Paul Cemetery

(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 Wacker-Heldner
(b) Address 3634 Gravois, St. Louis, Mo.
19. (a) APR 28 1947 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

23. Signature P. J. Meyer
Address 402 No. Taylor Date signed 4/26/47

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

MOTHER FATHER

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.....

Frank J. Paul

Licensed Embalmer No. *2675*

P. O. Address.....
H. L. Robinson

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.