S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 15 1947

Registration District No. 518

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 25550

Registrar's No. 7488

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

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: 442 Lee Ave. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 49 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 6.60

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4442 Lee Ave. 9
(If rural, give location)

10 0

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mr. Arthur F. Geyer

3. (b) If veteran, name war none

3. (c) Social Security No.

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 March 20th. 1898
(Month) (Day) (Year)

8. AGE: Years 49 Months 4 Days 16 If less than one day hr. min.

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

10. Usual occupation none

11. Industry or business

FATHER
12. Name William Geyer
13. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Rose Sonneman
15. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. William Geyer
(b) Address 4442 Lee Ave.

17. (a) Burial (b) Date thereof 8-9-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Zion Cemetery

18. (a) Signature of funeral director Hy. Leidner U. Co.
(b) Address 2223 St. Louis Ave.

19. (a) AUG 8 1947 (b) J. F. Biedeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 6th.
year 1947 hour 10:30AM. minute M.

21. I hereby certify that I attended the deceased from April 8, 1947 to Aug 6, 1947, that I last saw him alive on Aug 6, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Splenomegaly	10 yrs
Due to: Anemia	8 yrs
Due to: 95	
Other conditions: Acute Cardiac Decompensation (Include pregnancy within 3 months of death)	3 weeks

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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 Louis N. Tenn (M. D. or other) M.D.

Address 1303 N Kingshighway Date signed Aug 7-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Lawson . 1303 N. Kingshwy

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 John P. Buchholz

Licensed Embalmer No. 1674

P. O. Address 2223 St. Louis Ave

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.