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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 9 1948

Registration District No. 3487

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 3440

Registrar's No. 213

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Overland
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3665 McNulty St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Louis 96
(c) City or town: Overland
(If outside city or town limits, write "RURAL")
(d) Street No.: 3665 McNulty St.
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME: Mary Elizabeth Geers
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widower
6. (b) Name of husband or wife: Thomas Geers
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: February (Month) 23 (Day) 1857 (Year)

8. AGE: Years	Months	Days	If less than one day
90	10	29	..... hr. ..... min.

9. Birthplace: California (City, town, or county) (State or foreign country)
10. Usual occupation: None
11. Industry or business .....
FATHER
12. Name: Frederick Alberding
13. Birthplace: Illinois (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Rose Felker
15. Birthplace: Kentucky (City, town, or county) (State or foreign country)
16. (a) Informant: Cyrus Geers
(b) Address: 3665 McNulty St.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-23-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Edwardsville, Ill.
18. (a) Signature of funeral director: Weber Funeral Home
(b) Address: Edwardsville, Ill.
19. (a) 1-23-48 (Date received local registrar) (b) Carl J. Stuppe M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 22 year 1948 hour 11 minute 25 P. M.
21. I hereby certify that I attended the deceased from Nov. 20 1947 to Jan 22 1948 and that I last saw her alive on Jan 22 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chr. Myocarditis	6 mo
Due to: Arterio-sclerosis	5 yrs
Due to: 93 d	
Other conditions (Include pregnancy within 3 months of death)	

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 .....
23. Signature: Maurice C. Dillon (M. D. or other) MD
Address: 8924 St. Charles Rd. St. Louis 14, Mo. Date signed 1/23/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

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.....No Embalm.....

Licensed Embalmer No.....

P. O. Address.....

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.