S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17582
Registrar's No. 4935

FILED JUN 7 1948
Registration District No. 318
Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis Wer Retreat.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Little Flower Retreat. 2500 S 18th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community About 45 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5214 N. 20th St/ 9
(If rural, give location)
(e) Citizen of foreign country? 9 (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Dora Geisz.
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife George Geisz
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 5 (Day) 1860 (Year)

8. AGE: Years 87 Months 9 Days 24 If less than one day hr. min.

9. Birthplace unknown (City, town, or county) Indiana (State or foreign country) 1
10. Usual occupation nil
11. Industry or business
FATHER
12. Name unknown
13. Birthplace unknown (City, town, or county) Germany (State or foreign country) 4
MOTHER
14. Maiden name Dora Yaney
15. Birthplace unknown (City, town, or county) Germany (State or foreign country) 4
16. (a) Informant Ora M. Harper
(b) Address 5214 N 20th St
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6-1-'48 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontian Cemetry
18. (a) Signature of funeral director Goodhart & Goodhart
(b) Address 2228 St. Louis, Av.
19. (a) MAY 30 1948 (Date received local registrar) (b) J F Bieduk (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29th
year 1948 hour 6:20 minute A.M. M.
21. I hereby certify that I attended the deceased from May 20th, 1948 to May 29th, 1948;
that I last saw her alive on May 29th, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thromboses	4 Days
Due to	
Due to	
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 Paul B. Webb (M. D. or other) MD
Address 1915a Sidney St Date signed 5/29/48

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

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 S. Dennehy

Licensed Embalmer No. 4194

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.