FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 22 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 24308

Registrar's No. 6145

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: Jewish Hospital 0
(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: 000

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

(d) Street No.: 5205 a Walsh 9
(If rural, give location)

(e) Citizen of foreign country? 14 (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME: Anna Geyer

3. (b) If veteran, name war:

3. (c) Social Security No.: None

4. Sex: F 1

5. Color or race: W

6. (a) Single, widowed, married, divorced: widowed

6. (b) Name of husband or wife: George Geyer

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: Dec. (Month) 26 (Day) 1885 (Year)

8. AGE: Years 62 Months 6 Days 23 If less than one day hr. min.

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

10. Usual occupation: Housewife

11. Industry or business:

MOTHER FATHER

12. Name: Ernst F. Klitich

13. Birthplace: Baden (City, town, or county) Germany 4 (State or foreign country)

14. Maiden name: Agnes Anthini

15. Birthplace: (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant: Clara Bischoff

(b) Address: 6728 Schofield

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 12, 1948 (Month) (Day) (Year)

(c) Place: burial or cremation: ST. Matthew's

18. (a) Signature of funeral director: Witt Bro. Lyl. Co.

(b) Address: 2929 S. Jefferson Ave.

19. (a) JUL 1 1948 (Date received local registrar) (b) J. F. Becock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9 year 1948 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from 6/3, 1948, to 7/8, 1948, that I last saw her alive on 7/8, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral accident	2 hrs.
Due to: Hypertension	10 yrs
Due to: 117	
Other conditions (Include pregnancy within 3 months of death): Pneumonia, Peritonitis	8 days

Major findings:
Of operations: Gastric ulcer removed
Of autopsy: Peritoneal abscess, Pneumonia

Post-operative Pneumonia

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: Joseph Tanney (M. D. or other) M.D.

Address: 4800 Olive Date signed: 7/10/48

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.....

Licensed Embalmer No. 3246

P. O. Address 2929 so Jefferson

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.