

FILED AUG 13 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 24811  
6704

|  |  |  |   |  |  |   |  |
|--|--|--|---|--|--|---|--|
| BIRTH NO. _____  |  | REG. DIST. NO. <b>318</b>  |   | PRIMARY REG. DIST. NO. <b>1003</b>   |  | Registrar's No. _____   |  |
| 1. PLACE OF DEATH<br>a. COUNTY _____   |  |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Mo.</b><br>b. COUNTY <b>St. Louis</b> |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give town or township) <b>St. Louis</b>  |  | c. LENGTH OF STAY (In this place) _____  |   | c. CITY (If outside corporate limits, write RURAL and give township) <b>Normandy</b>   |  |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>De Paul Hospital</b>  |  |  |   | d. STREET ADDRESS (If rural, give location) <b>W.R. 7024 Natural Bridge Rd.</b>  |  |   |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <b>Fred</b><br>b. (Middle) <b>H.</b><br>c. (Last) <b>Geiger</b>   |  |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><b>July 30 1949</b> |  |  |   |  |
| 5. SEX <b>male</b>   |  | 6. COLOR OR RACE <b>white</b>  |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>  |  | 8. DATE OF BIRTH <b>Feb. 18 1875</b>  |  |
| 9. AGE (In years last birthday) <b>74</b>  |  | 10. KIND OF BUSINESS (OR INDUSTRY) <b>Pullman Shop Retired</b>   |   | 11. BIRTHPLACE (State or foreign country) <b>Zanesville Ohio</b>   |  | 12. CITIZEN OF WHAT COUNTRY? _____  |  |
| 13a. FATHER'S NAME <b>Emil W. Geiger</b>   |  |  | 13b. MOTHER'S MAIDEN NAME <b>Clara Parkinson</b>                |  |  | 14. NAME OF HUSBAND OR WIFE <b>Emma Geiger</b>                                      |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____  |  | 16. SOCIAL SECURITY NO. <b>708-1608873</b>   |   | 17. INFORMANT'S SIGNATURE OR NAME <b>Emma Geiger, 7024 Natural Bridge</b>  |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.                                    |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <b>Carcinoma of sigmoid</b><br>ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b><br>DUE TO (b) <b>leading to obstruction</b><br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS <b>Old coronary disease</b><br>Conditions contributing to the death but not related to the disease or condition causing death. |   |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>3 days</b><br><br><b>3 yrs</b>               |  |
| 19a. DATE OF OPERATION _____   |  | 19b. MAJOR FINDINGS OF OPERATION <b>Gangrene of Colon due to blocked blood supply</b>  |   |  |  | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____   |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____   |   | 21c. CITY, TOWN, OR TOWNSHIP (COUNTY) _____  |  | 21d. STATE _____  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____  |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |   | 21f. HOW DID INJURY OCCUR? _____   |  |   |  |
| 22. I hereby certify that I attended the deceased from <b>July 27, 1945</b> , to <b>July 30, 1945</b> , that I last saw the deceased alive on <b>July 27, 1945</b> , and that death occurred at <b>8:15 p.m.</b> , from the causes and on the date stated above. |  |  |   |  |  |   |  |
| 23a. SIGNATURE (Degree or title) <b>Reverend Canon M.D.</b>  |  |  |   | 23b. ADDRESS <b>7117 N. Grand</b>  |  | 23c. DATE SIGNED <b>Aug 1/49</b>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>  |  | 24b. DATE <b>8/2/49</b>  |   | 24c. NAME OF CEMETERY OR CREMATORY <b>Laurel Hill # Gardens</b>  |  | 24d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Mo.</b>              |  |
| DATE REC'D BY LOCAL REG. <b>Aug 2 1949</b>   |  | REGISTRAR'S SIGNATURE <b>J. P. Sasata</b>  |   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Drehmann-Harral, 1905 Union Blvd.</b>  |  |   |  |

(Licensed Embalmer's Statement on Reverse Side)

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

13-40

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*Albert R. Thompson Jr.*

Student Embalmer \_\_\_\_\_

Licensed Embalmer No. 4237

P. O. Address St. Louis

**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.