

FILED DEC 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42490
State File No. 10839
Registrar's No.

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis				a. STATE Missouri			
c. LENGTH OF STAY (In this place)				b. COUNTY St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital				c. CITY (If outside corporate limits, write RURAL and give township) Kirkwood			
e. STREET ADDRESS 1200 N. Woodlawn Ave.				d. CITY (If outside corporate limits, write RURAL and give township) St. Louis			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) JOHN			b. (Middle) HENRY			c. (Last) GEDERS	
6. COLOR OR RACE White			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			8. DATE OF BIRTH Jan. 18, 1879	
9. AGE (In years last birthday) 70			10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired			11. BIRTHPLACE (State or foreign country) St. Louis, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA			13a. FATHER'S NAME Theodore Geders			13b. MOTHER'S MAIDEN NAME Mary Vandermierhen	
14. NAME OF HUSBAND OR WIFE Antonia Geders			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Antonia Geders, Kirkwood Mo.			18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))			19. INTERVAL BETWEEN ONSET AND DEATH 70 min.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PULMONARY EMBOLUS			II. OTHER SIGNIFICANT CONDITIONS			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			ANTECEDENT CAUSES			21. DATE OF OPERATION	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (b) Septicemia and myocarditis, etc.			22. MAJOR FINDINGS OF OPERATION No operations.	
DUE TO (c) Prostatic obstruction & cystitis, chronic			Arteriosclerosis.			23. HOW DID INJURY OCCUR? 4500	
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) (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. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21g. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21h. TIME OF INJURY (Month) (Day) (Year) (Hour)	
22. I hereby certify that I attended the deceased from 7-16-1949, to 12-12-1949, that I last saw the deceased alive on 12-10-1949, and that death occurred at 11:30 P. M., from the causes and on the date stated above.				23a. SIGNATURE Andy Hall, Jr., M.D.		23b. ADDRESS University Umb. Bldg. - St. Louis, Mo.	
23c. DATE SIGNED 12-15-49		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/17/49		24c. NAME OF CEMETERY OR CREMATORY St. Peters	
24d. LOCATION (City, town, or county) (State) Kirkwood, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Louis H. Bopp, Inc., Kirkwood, Mo.		25. ADDRESS		25. DATE SIGNED	

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

10839

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.

Student _____
Student Embalmer

Signed Felix Hernandez

Licensed Embalmer No. 3034

P. O. Address Kirkwood 22 Mo

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.