

FILED OCT 21 1950

STANDARD CERTIFICATE OF DEATH

34822
State File No.

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. <u>8660</u>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Indiana</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Missouri</u>		c. LENGTH OF STAY (in this place) <u>11 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington</u> <u>8130</u>		d. STREET ADDRESS (If rural, give location) <u>312 S.E. 5th Street</u> <u>8</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BARNES HOSPITAL</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>October 11, 1950</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mayme</u>		b. (Middle) <u>E.</u>		c. (Last) <u>Geyer</u>			
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>April 9, 1891</u>	
9. AGE (In years last birthday) <u>59</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 11 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (State or foreign country) <u>Washington, Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Frank Hack</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Logon</u>		14. NAME OF HUSBAND OR WIFE <u>Hugh B. Geyer</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hugh B. Geyer</u>		ADDRESS <u>Washington, Indiana</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of pancreas</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION <u>10/11/50</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of pancreas</u>				20. AUTOPSY? 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) (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? <u>157X</u>			
22. I hereby certify that I attended the deceased from <u>Sept. 30, 19 50</u> , to <u>Oct. 11, 19 50</u> , that I last saw the deceased alive on <u>Oct. 11, 19 50</u> , and that death occurred at <u>1:00P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>FR Bulley</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>BARNES HOSPITAL</u>		23c. DATE SIGNED <u>10/11/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>10-11-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington, Indiana</u>		24d. LOCATION (City, town, or county) (State) <u>Washington, Indiana</u>	
DATE REC'D BY LOCAL <u>OCT 13 1950</u>		REGISTRAR'S SIGNATURE <u>JB Lester</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert H. Hoppe</u>		ADDRESS <u>4700 Washington</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 26 1955

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 _____
working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed *Wm J. Salter*

Licensed Embalmer No. *4699*

P. O. Address *St. Charles, 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.