

FILED MAR 1 1951

STANDARD CERTIFICATE OF DEATH

State File No. 5785

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 62

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town) Farmington OR RURAL TOWN St. Francois		c. CITY (If outside corporate limits, write RURAL and give township) 4431 OR TOWN Ladue Village	
c. LENGTH OF STAY (in this place) 1 1/2 yr / mo 2 ds		d. STREET ADDRESS (If rural, give location) Price and Clayton Roads	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri State Hospital No. 4			
3. NAME OF DECEASED (Type or Print) a. (First) LOUIS		b. (Middle) ALOIS	
		c. (Last) GEIDEL (GIEDEL)	
4. DATE OF DEATH (Month) (Day) (Year) February 9, 1951			
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH June 21, 1892
9. AGE (In years last birthday) 58		10. UNDER 1 YEAR Months 7	
11. UNDER 18 Days 18		12. UNDER 18 Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Hungary 8		12. CITIZEN OF WHAT COUNTRY? Unknown	
13a. FATHER'S NAME John Geidel		13b. MOTHER'S MAIDEN NAME Julia Border	
14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Records, State Hospital No. 4, Farmington, Mo.		ADDRESS	
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.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion - - - - Instantaneous		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease - - -		Abt. 10 yrs	
DUE TO (c) Psychosis with Syphilitic Meningo-Encephalitis (General Paresis)		4/200 B	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Abt. 15 yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		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 Jan. 2, 19 51, to Feb. 9, 19 51, that I last saw the deceased alive on Feb. 9, 19 51, and that death occurred at 11:55 a.m., from the causes and on the date stated above.			
23a. SIGNATURE John A. Brennan MD (Degree or title)		23b. ADDRESS Farmington, Mo. State Hospital No. 4.	
23c. DATE SIGNED 2-10-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2-12-51	
24c. NAME OF CEMETERY OR CREMATORY Washington U. Anat. Dept.		24d. LOCATION (City, town, or county) St. Louis, Missouri	
DATE REC'D BY LOCAL REG. Feb. 17, 1951		REGISTRAR'S SIGNATURE Esther Rudolph 289	
25. FUNERAL DIRECTOR'S SIGNATURE Cozean Funeral Home		ADDRESS Farmington, Missouri	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

FEB 26 1951

DISTRICT HEALTH OFFICE No. 4

File No.

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.

*not embalmed
taken to*

Signed.....
Student Embalmer

Washington D.C.

Student Embalmer No.....

Signed.....
[Signature]

Licensed Embalmer No. *4084*

P. O. Address *Farmington*

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.