

FILED APR 27 1951

STANDARD CERTIFICATE OF DEATH

State File No. 3567

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1000

Registrar's No.

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

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri			b. COUNTY Monteau		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN California		0681			
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hospital			d. STREET ADDRESS (If rural, give location) So. High St.					

3. NAME OF DECEASED (Type or Print) a. (First) Godfrey			b. (Middle) G.		c. (Last) Geiger		4. DATE OF DEATH (Month) (Day) (Year) April 13, 1951			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 24, 1888		9. AGE (In years, last birthday) 62	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) watchman			10b. KIND OF BUSINESS OR INDUSTRY Jacket Factory			11. BIRTHPLACE (State or foreign country) Monteau Co., Mo.			12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME G. J. Geiger		13b. MOTHER'S MAIDEN NAME Mary Haldiman		14. NAME OF HUSBAND OR WIFE Lydia			
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. 500-07-0632		17. INFORMANT'S SIGNATURE OR NAME Lydia Geiger, California, Mo.		ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <i>Cardiac Decompensation</i>					4 wks	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Arteriosclerotic heart disease</i>					1 yr	
		DUE TO (c) <i>Coronary arteriosclerosis</i>					1 yr	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						

19a. DATE OF OPERATION <i>none</i>		19b. MAJOR FINDINGS OF OPERATION				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? <i>H201</i>			

22. I hereby certify that I attended the deceased from 5 APR, 1951, to 13 APR, 1951, that I last saw the deceased alive on 13 APR, 1951, and that death occurred at 11:50 P.M., from the causes and on the date stated above.

23a. SIGNATURE <i>Richard A. Jones</i>		(Degree or title)		23b. ADDRESS Mo. 3720 Washington St. St. Louis		23c. DATE SIGNED 14 APR 51		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4-13-51	24c. NAME OF CEMETERY OR CREMATORY Jamestown Evangelical		24d. LOCATION (City, town, or county) (State) California, Missouri			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE APR 16 1951 <i>J B Lucas</i>		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe		ADDRESS 4700 Washington				

APR 26 1957

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STATEMENT BY LICENSED EMBALMER

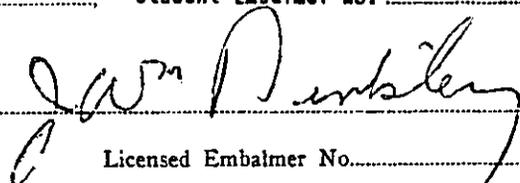
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. _____

P. O. Address _____

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.