

FILED JUN 5 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18089

State File No. 4487  
Registrar's No. 1003

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5745 Chamberlain		d. STREET ADDRESS (If rural, give location) 5745 Chamberlain	

3. NAME OF DECEASED (Type or Print) a. (First) Olive	b. (Middle) Tilton	c. (Last) Geisel	4. DATE OF DEATH (Month) (Day) (Year) May 12, 1951
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 25, 1879
9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months 9	IF UNDER 1 YEAR Days 17	IF UNDER 1 YEAR Hours _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Belleville, Ill.	12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME George Gaylord	13b. MOTHER'S MAIDEN NAME Mary Badgley	14. NAME OF HUSBAND OR WIFE John Geisel
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Miss Irene Geisel	ADDRESS 5745 Chamberlain
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 3 <sup>rd</sup> burns of entire body suffered while dancing at as supper in fire of undetermined origin at home 5745 Chamberlain about 1130 am		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		II. OTHER SIGNIFICANT CONDITIONS May 12 1951 Damage to Blky # 8000... contents \$3000.00	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Accident	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT (Specify) Suicide accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May 12 5 1130 A.M.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? E 916

22. I hereby certify that I attended the deceased from 19\_\_ to \_\_\_\_, 19\_\_, that I last saw the deceased alive on \_\_\_\_, 19\_\_, and that death occurred at 11:37 am, from the causes and on the date stated above. 110

23a. SIGNATURE Patrick E. Gaylord, Coroner	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 5-14-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/15/51	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
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DATE REC'D BY LOCAL MAY 14 1951	REGISTRAR'S SIGNATURE J. B. Lasater	25. FUNERAL DIRECTOR'S SIGNATURE CHAS. F. STUART	ADDRESS 1225 Union
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

*Not Embalmed*

.....  
working under my personal supervision.

Student Embalmer No.....

Signed *Clement Mc-Nary*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3732*

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.