

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2019</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8418 Vulcan</u>		f. STREET ADDRESS (If rural, give location) <u>8418 Vulcan</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>EDWARD</u> b. (Middle) <u>GEORGE</u> c. (Last) <u>GEITZ</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 1, 1951</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 7, 1888</u>	9. AGE (In years last birthday) <u>63</u> IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Nil</u>	11. BIRTHPLACE (State or foreign country) <u>Ellis Grove, Illinois</u>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Jessie Geitz</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>W.W. #1</u> <u>498-10-7639</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Jessie Geitz, 8418 Vulcan, St. Louis, Mo.</u>	17. ADDRESS <u>11</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>2 yrs.</u> <u>2 yrs</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerotic</u> DUE TO (c) <u>Heart Disease</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Endarteritis Obliterans</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>OK E. Hoyle</u> <u>2-5-51</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Jackson</u>	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>St. Louis</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Heart</u>
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22. I hereby certify that I attended the deceased from Jan 1, 1951, to Nov 1, 1951, that I last saw the deceased alive on Oct. 15, 1951, and that death occurred at 11:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>George A. O'Sullivan M.D.</u>	23b. ADDRESS <u>421 N. Schirmer</u>	23c. DATE SIGNED <u>Nov 2 1951</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Nov 5 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Jefferson Barracks, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>NOV 2 1951</u>	REGISTRAR'S SIGNATURE <u>Paul Smith M.D.</u>	FUNERAL DIRECTOR'S SIGNATURE <u>C. Hoffmeister U. & L. Co.</u>	ADDRESS <u>7814 So. Broadway, St. Louis, Mo.</u>
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WRITE PLAINLY—USING UNFAADING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Harry J. Schumaker* _____

Licensed Embalmer No. *2679* _____

P. O. Address *7819 1/2 Broadway* _____

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.