

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19417

State File No. ....

FILED JUN 1- 1953

4979

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's 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, Missouri</u>		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <u>St. Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>St. Louis City Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>25 508 Pine St.</u> <span style="float: right;"><u>2259</u></span>			
3. NAME OF DECEASED (Type or Print) <u>OTTO</u>		a. (First)		b. (Middle) <u>F.</u>		c. (Last) <u>GESKE</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 16, 1953</u>		5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	
8. DATE OF BIRTH <u>Feb. 5, 1882</u>		9. AGE (In years last birthday) <u>71</u>		IF UNDER 1 YEAR Months <u>3</u> Days _____		IF UNDER 4 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machinist</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Stove Mfg.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Potosi, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>August Geske</u>		13b. MOTHER'S MAIDEN NAME <u>Brunner</u>		14. NAME OF HUSBAND OR WIFE <u>-</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>George Geske 9616 Sterling 23, Mo.</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral vascular accident</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive W. Disease</u> DUE TO (c) <u>Carcinoma of colon.</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION <u>1 May 53</u>		19b. MAJOR FINDINGS OF OPERATION <u>Mid-thigh amputation - right - gangrene</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)		21f. HOW DID INJURY OCCUR? <u>153X</u>	
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"/>					
22. I hereby certify that I attended the deceased from <u>4-27-53</u> , 19 <u>  </u> , to <u>5-16-53</u> , 19 <u>  </u> , that I last saw the deceased alive on <u>5-16-53</u> , 19 <u>  </u> , and that death occurred at <u>5:25P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Shale H. Rubin M.D.</u>				23b. ADDRESS <u>1515 Lafayette Avenue</u>		23c. DATE SIGNED <u>5-18-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>5-19-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New St. Marcus Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u>	
DATE REC'D BY LOCAL REG. <u>MAY 18 1953</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J.L. Ziegenhein &amp; Sons</u>		ADDRESS <u>7027 Gravois Ave</u>	

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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *C. P. Kidwell* .....

Licensed Embalmer No..... *38* .....

P. O. Address *7027* .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.