

FILED JUN 24 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20503**  
Registrar's No. **4738**

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 <b>Mo.</b>		b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis</b>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5321 Conde St.</b>		e. STREET ADDRESS (If rural, give location) <b>5321 Conde St.</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED a. (First) <b>George</b>		b. (Middle)		c. (Last) <b>Geisz</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 26 1954</b>	
--	--	-------------	--	---------------------------	--	--	--

5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>Feb. 10, 1876</b>		9. AGE (In years last birthday) <b>78</b>		IF UNDER 1 YEAR Months Days		IF UNDER 48 HRS. Hours Min.	
-----------------------	--	----------------------------------	--	--	--	--	--	--	--	--------------------------------	--	--------------------------------	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Painter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Building</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Minn. /</b>				12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
---	--	--	--	--	--	--	--	---	--

13a. FATHER'S NAME <b>Balthazer Geisz</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Kopmann</b>		14. NAME OF HUSBAND OR WIFE <b>Elizabeth Geisz</b>			
--	--	---	--	---	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>496 20 8261</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Elizabeth Geisz</b>				ADDRESS <b>5321 Conde St.</b>	
---	--	---	--	---	--	--	--	----------------------------------	--

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						INTERVAL BETWEEN ONSET AND DEATH <b>15 min</b>	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>		DUE TO (b) <b>Chr. Arteriosclerotic Heart Disease</b>		DUE TO (c)		5 yrs +	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Chr. Hypertrophic Arteriosclerosis</b>					

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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>4200</b>	
---	--	--	--	---	--

22. I hereby certify that I attended the deceased from **Nov 21, 1949**, to **May 26, 1954**, that I last saw the deceased alive on **May 20, 1954**, and that death occurred at **9:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>William J. Madel MD</b>		23b. ADDRESS <b>2739 NO Grand</b>		23c. DATE SIGNED <b>MAY 27 1954</b>	
--	--	--------------------------------------	--	--	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>5/29/54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo.</b>	
--	--	-----------------------------	--	---	--	---	--

DATE REC'D BY LOCAL REG. <b>MAY 28 1954</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Buchholz Mortuary</b>		ADDRESS <b>5967W Florissant</b>	
--	--	--	--	--	--	------------------------------------	--

(Licensed Embalmer's Statement on Reverse Side)

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 *W. J. Beckler*.....  
Licensed Embalmer No. *45*

P. O. Address *A. L.*.....

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (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.