FILED OCT 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34769

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8969

1. PLACE OF DEATH
a. COUNTY: Missouri
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis
c. LENGTH OF STAY (in this place): 18 Mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Masonic Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
d. STREET ADDRESS (If rural, give location): 5351 Delmar 212 ½

3. NAME OF DECEASED (Type or Print)
a. (First): Annie
b. (Middle): C.
c. (Last): Geitz

4. DATE OF DEATH (Month) (Day) (Year): 10- 12-55

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): W
8. DATE OF BIRTH: 12-17-1872
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months 10, Days 26 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Egypt Mills, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: John Koeppel
13b. MOTHER'S MAIDEN NAME: unknown
14. NAME OF HUSBAND OR WIFE: Christian Geitz, deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: [illegible] — ADDRESS: [illegible]

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Arterio-Sclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 2 Yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Acute Myocarditis — 7 Days
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 7-31-, 19 54 *to* 10-12-, 19 55, *that I last saw the deceased alive on* 10-12-, 19 55, *and that death occurred at* 11.30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John Hamilton M.D.
23b. ADDRESS: 508 N.Grand Ave.,
23c. DATE SIGNED: 10-13-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-15,1955
24c. NAME OF CEMETERY OR CREMATORY: New St.Marcus
24d. LOCATION (City, town, or county) (State): St. Louis,Mo.

DATE REC'D BY LOCAL REG.: OCT 14 1955
REGISTRAR'S SIGNATURE: J Earl Smith M.D.
MDB
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Southern Funeral Home 6322 S. Grand Blvd., St.Louis,Mo.
(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 .....
Student Embalmer

Signed: Earl Van Fossan

Licensed Embalmer No. 4242

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.