

FILED NOV 18 1955

STANDARD CERTIFICATE OF DEATH

State File No. 38261

9809

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

I. PLACE OF DEATH

a. COUNTY

Missouri

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)

1 1/2 Yrs

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN

St. Louis

d. FULL NAME OF HOSPITAL OR INSTITUTION

Masonic Hospital

d. STREET ADDRESS (If rural, give location)

12 5351 Delmar

2/29

3. NAME OF DECEASED (Type or Print)

a. (First)

Sophie

b. (Middle)

Geist

c. (Last)

4. DATE OF DEATH

(Month)

(Day)

(Year)

11-

9-

1955

5. SEX

F

6. COLOR OR RACE

W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

1-11-1868

9. AGE (In years last birthday)

87

10. UNDER 1 YEAR

9

11. UNDER 1 YEAR

8

12. UNDER 24 HRS.

8

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

Retired

11. BIRTHPLACE (City and State or Foreign Country)

Detroit, Michigan

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13a. FATHER'S NAME

Louis Smit

13b. MOTHER'S MAIDEN NAME

Jaenette Smit

14. NAME OF HUSBAND OR WIFE

Ralph Geist, deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL SECURITY NO.

None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS

Masonic Home of Missouri, 5351 Delmar

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

MEDICAL CERTIFICATION

Coronary Occlusion

INTERVAL BETWEEN ONSET AND DEATH

2 Dys.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cardio-Vascular-Nephritic Disease 2 Yrs

DUE TO (c)

11. 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:

4201

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)

11/14/55

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 7-23-1940 to 11-9-1955, that I last saw the deceased alive on 11-9-1955, and that death occurred at 10:15 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)

23b. ADDRESS

508 N. Grand

23c. DATE SIGNED

11-10-55

24a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24b. DATE

11/14/55

24c. NAME OF CEMETERY OR CREMATORY

Mt. Olive Cemetery

24d. LOCATION (City, town, or county)

St. Louis County Missouri

(State)

DATE REC'D BY LOCAL REG.

NOV 10 1955

REGISTRAR'S SIGNATURE

J. Earl Smith, M.D.

25. FUNERAL DIRECTOR'S SIGNATURE

Herman Rindskopf Inc. 5216 Delmar Bl

ADDRESS

M. J. 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
Student Embalmer

Signed *John Ketter*

Licensed Embalmer No. 3880

P. O. Address

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.