

FILED JAN 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43455**
9939

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

1. PLACE OF DEATH a. COUNTY		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) St. Louis		c. LENGTH OF STAY (In this place) STAY	c. CITY OR TOWN St. Louis
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Pacific Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) 3826 Fairview Ave.	

3. NAME OF DECEASED (Type or Print)		a. (First) Bernard b. (Middle) J. c. (Last) Geers		4. DATE OF DEATH (Month) (Day) (Year) 11/13/55	
--	--	--	--	--	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 12/27/1892	9. AGE (In years last birthday) 62 yrs.	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
--------------------	-------------------------------	---	------------------------------------	--	-----------------------------	----------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baggageman	10b. KIND OF BUSINESS OR INDUSTRY Term.R.R.	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
---	--	--	---

13a. FATHER'S NAME George Geers	13b. MOTHER'S MAIDEN NAME Elizabeth Wickenberg	14. NAME OF HUSBAND OR WIFE Sophia Ziegler Geers
--	---	---

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. no	17. INFORMANT'S SIGNATURE OR NAME Sophia Geers	ADDRESS 3826 Fairview Ave.
--	-----------------------------------	---	-----------------------------------

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hydrochloric Acid ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Poisoning, self DUE TO (c) ingested, in house II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. November 11, 1955 exact		INTERVAL BETWEEN ONSET AND DEATH
---	--	--	----------------------------------

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION liver unknown suicide	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
------------------------	---	--

21a. ACCIDENT OR SUICIDE (Specify) suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo
---	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov 11 55 ? m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 971-8
---	--	---

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **9:40 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE Patrick C. Taylor (Degree or title)	23b. ADDRESS 1800 Clark	23c. DATE SIGNED 11.15.55
---	--------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/16/55	24c. NAME OF CEMETERY OR CREMATORY S.S. Peter & Paul	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
---	---------------------------	---	---

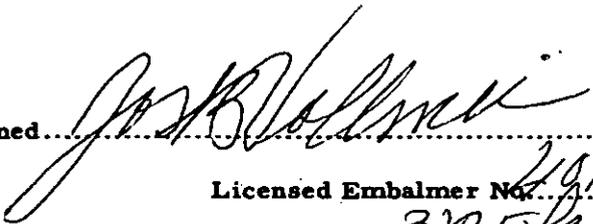
DATE REC'D BY LOCAL REG. NOV 15 1955	REGISTRAR'S SIGNATURE J. Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE E.J. Schnur	ADDRESS 3125 Lafayette Ave.
---	--	---	------------------------------------

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.....


Licensed Embalmer No. 2914

P. O. Address 3125 Lafayette

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.