

FILED MAR 22 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10745

2196

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Illinois</u> <u>Jersey</u> COUNTY.		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>10 weeks</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fieldon R. #1 - Rosedale Township</u>		\$1208
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Lukes Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>Route #1 - Illinois.</u>		
3. NAME OF DECEASED (Type or Print) <u>Lillian Geppert</u>			a. (First)	b. (Middle)	c. (Last)
4. DATE OF DEATH (Month) (Day) (Year) <u>February 29th 1956</u>					
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>August 29th 1889</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis - Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Lucien Godin</u>		13b. MOTHER'S MAIDEN NAME <u>Louise Herbert</u>		14. NAME OF HUSBAND OR WIFE <u>Frank H. Geppert</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Frank H. Geppert, Fieldon, Ill.</u> ADDRESS _____			
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>Carcinoma of Colon</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1954</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. _____				
	DUE TO (b) _____				
	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 <u>153x</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) _____			
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? _____			
22. I hereby certify that I attended the deceased from <u>Feb. 8, 1954</u> , to <u>Feb. 29, 1956</u> , that I last saw the deceased alive on <u>Feb. 29, 1956</u> , and that death occurred at <u>4 a. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Donald Becker</u>		(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>3720 Washington</u>		23c. DATE SIGNED <u>3-1-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Mar. 3rd 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Carmel Cemty.</u>	24d. LOCATION (City, town, or county) (State) <u>Belleville, Ill.,</u>		
DATE REC'D BY LOCAL REG. <u>MAR 1 1956</u>	REGISTRAR'S SIGNATURE <u>Carl Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Richard Howell</u>		ADDRESS <u>2246 State Illinois</u>

(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.....

Not embalmed

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Richard W. Marshall*

Licensed Embalmer No. *6129*

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.