

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **17879**  
Registrar's No. **5091**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		State File No. <b>17879</b>		Registrar's No. <b>5091</b>		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____						
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>St. Louis</b> )			c. LENGTH OF STAY (in this place) _____			c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis State Hospital</b>				e. STREET ADDRESS <b>17 1936 Louisiana Ave</b> <del>5100 Arsenal Street</del> <b>2179</b>						
3. NAME OF DECEASED (Type or Print) a. (First) <b>Lydia</b>			b. (Middle) _____			c. (Last) <b>Geisel</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 25 1956</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>		8. DATE OF BIRTH <b>Sept. 6, 1875</b>		9. AGE (in years last birthday) <b>80</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Domestic Worker</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>WURSTENBURG, GERMANY</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>Carl Wagoner</b>			13b. MOTHER'S MAIDEN NAME <b>Barbara Hiller</b>			14. NAME OF HUSBAND OR WIFE <b>George Geisel Dec</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>Dont Know</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Francis A. Geisel 4918 Emerson</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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Gangrene of small bowel</b> INTERVAL BETWEEN ONSET AND DEATH <b>5 da.</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Intestinal obstruction</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <b>Bilateral pneumonia</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>Arteriosclerosis</b> 3 days 10 yrs						
19a. DATE OF OPERATION <b>4-10-56</b>		19b. MAJOR FINDINGS OF OPERATION <b>Intestinal obstruction due to adhesive band.</b>						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? <b>570.5</b>						
22. I hereby certify that I attended the deceased from <b>July 7-55</b> to <b>May 25</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>May 25</b> , 19 <b>56</b> , and that death occurred at <b>9:05 pm.</b> , from the causes and on the date stated above.										
23a. SIGNATURE <b>Lice. Hapstead, R.D.</b> (Degree or title) _____				23b. ADDRESS <b>5100 Arsenal Street</b>			23c. DATE SIGNED <b>5-26-56</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>May 28 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Mathews Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo.</b>				
DATE REC'D BY LOCAL REG. <b>MAY 28 1956</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith MO</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>Weick Bros</b>			ADDRESS <b>2201 S. Grand Blvd.</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 *Bill E. Branson* .....  
Licensed Embalmer No. 776

P. O. Address St. Louis

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.