

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21828**  
REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5191**

FILED JUN 18 1956

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>5191</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>ST LOUIS</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>ST LOUIS</b>		c. LENGTH OF STAY (in this place) <b>1 DAY</b>		c. CITY OR TOWN <b>AFFTON</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>LUTHERN HOSP.</b>				e. STREET ADDRESS (If rural, give location) <b>Rt 14-Box 445</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>AGNES</b>		b. (Middle) _____		c. (Last) <b>GEITZ</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>MAY - 27 - 1956</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>		8. DATE OF BIRTH <b>JAN 2 1883</b>		9. AGE (in years last birthday) <b>73</b>	10. IF UNDER 1 YEAR Months <b>4</b> Days <b>25</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>HOME</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis Co, Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>JOHN LENZ</b>		13b. MOTHER'S MAIDEN NAME <b>EMILIE</b>		14. NAME OF HUSBAND OR WIFE <b>FRED GEITZ (DECEASED)</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mr WILFRED GEITZ Rt. 14-Box 450, AFFTON.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Lobar Pneumonia, right.</b> <b>Lobar pneumonia, right</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic heart disease</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>  <b>5 years</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>420.0</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <b>Aug 1952</b> to <b>May 27, 1956</b> , that I last saw the deceased alive on <b>May 27, 1956</b> , and that death occurred at <b>2 P.M.</b> from the causes and on the date stated above.							
23a. SIGNATURE <b>Robert Tichenor</b> (Degree or title) <b>Robert W. Tichenor M.D.</b>				23b. ADDRESS <b>Sappington, Mo.</b> <b>P.O. Box 6 Sappington 23405-29-56</b>		23c. DATE SIGNED <b>5-29-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>MAY-31-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>OLD ST. JOHNS CEM.</b>		24d. LOCATION (City, town, or county) (State) <b>MEHNVILLE 23, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>MAY 31 1956</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Fey FUNERAL HOME MEHNVILLE, Mo</b>			

(Licensed Embalmer's Statement on Reverse Side)

**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 *Gustav W. Dietrich*.....

Licensed Embalmer No. *4329*

P. O. Address *St. Louis, Mo.*

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.