

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43062

FILED DEC 27 1956

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11152**

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

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (in this place) 3 days	c. CITY OR TOWN St. Louis		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 (If not in hospital or institution, give street address or location) Incarnate Word Hospital 10670			e. STREET ADDRESS (If rural, give location) 5348 Northland Ave.		
3. NAME OF DECEASED (Type or Print) a. (First) Otto		b. (Middle) H.	c. (Last) Geisler	4. DATE OF DEATH (Month) (Day) (Year) 12 3 56	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Apr. 19, 1900	9. AGE (In years last birthday) 56	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Meter Repairman	10b. KIND OF BUSINESS OR INDUSTRY Gas Meters	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Herman Geisler		13b. MOTHER'S MAIDEN NAME Louisa Barettemeier	14. NAME OF HUSBAND OR WIFE Dorothy Jane Geisler		
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. 493-09-6612	17. INFORMANT'S SIGNATURE OR NAME Mrs. Dorothy J. Geisler		ADDRESS 5348 Northland	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION				19. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
* 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) Cerebral embolus				ONSET AND DEATH 5 hours
	ANTECEDENT CAUSES				
	Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				
	DUE TO (b) Diabetes Mellitus				
	DUE TO (c) 260X				
	II. OTHER SIGNIFICANT CONDITIONS				
	Conditions contributing to the death but not related to the disease or condition causing death. diabetes glycemia at great age				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				
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) (Min.)	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 11-26 , 19 56 to 12-3 , 19 56 that I last saw the deceased alive on 12-2 , 19 56 , and that death occurred at 9:40 Am. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Clarence G. Drehmann M.D.		23b. ADDRESS 1927 A main		23c. DATE SIGNED 12-5-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 12/6/56	24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County Mo.		
DATE REC'D BY LOCAL REG. DEC 6 1956	REGISTRAR'S SIGNATURE J. Carl Smith mo		25. FUNERAL DIRECTOR'S SIGNATURE Drehmann-Harral		ADDRESS 1905 Union

Dr. C. G. Drum
1927 a Union
Ev. 5-5645

Hrs. Wed. 10-12

3-5

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..... *Albert R. Thompson*

Licensed Embalmer No. *4237*

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.