

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020343
State File No.

FILED JUN 9 1958 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 1376

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

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton		c. CITY OR TOWN Olivette 4380	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hospital		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) DOA		e. STREET ADDRESS (If rural, give location) 9307 Villa Ave.	

3. NAME OF DECEASED a. (First) EARL	b. (Middle) LOUIS	c. (Last) GEANTIL	4. DATE OF DEATH (Month) (Day) (Year) May 21, 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 8, 1902
9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months 11 Days 13	IF UNDER 2 HRS. Hours 13 Min.	11. BIRTHPLACE (City and State or Foreign Country) St. Louis
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Wholesale Florist	10b. KIND OF BUSINESS OR INDUSTRY Self employed	12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Theodore Geantil	13b. MOTHER'S MAIDEN NAME Nellie Castillon	14. NAME OF HUSBAND OR WIFE Evelyn E. Geantil
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. 492-07-2277	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Evelyn Geantil, 9307 Villa, Olivette, Mo.

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Penetrating gunshot wounds of head and chest		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E976X		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) bedroom of home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Olivette 400 St. Louis Mo.
21d. TIME OF INJURY (Month) (Day) (Year) May 21, 1958	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Self inflicted gun shot wounds

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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Harold M. Law Coroner	23b. ADDRESS Clayton, Mo.	23c. DATE SIGNED 5/23/58
24a. BURIAL CREMATION REMOVAL (Specify) Burial	24b. DATE 5/23/58	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery
24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.		

DATE REC'D BY LOCAL REG. 5-22-58	REGISTRAR'S SIGNATURE Herbert R. Donke M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Louis H. Bopp Inc. Kirkwood Mo.
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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: *Francis J. Woodland*
Licensed Embalmer No. *457*
P. O. Address *Richmond*

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.