Health, Welfare Public Service
300
1-57

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

58-031351
STATE FILE NUMBER

FILED SEP 12 1958 Registration District No. 317 Primary Registration District No. 509 544 Registrar's No. 2245

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN R. R. Kirkwood — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) PeaceHaven Home — Length of stay in 1b: 4 weeks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN Olivette 4380 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 9307 Villa Ave/ — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First EVALYN Middle Last GEANTIL
4. DATE OF DEATH Month Aug. Day 26 Year 1958
5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH Feb. 22, 1903
9. AGE (In years last birthday) 55 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY at home
11. BIRTHPLACE (City and state or country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Silas E. Patton
13b. MOTHER'S MAIDEN NAME Lydia Paschedag
14. NAME OF HUSBAND OR WIFE Earl Geantil
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Mrs. Betty Samota, 9307 Villa, Olivette, Mo. Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma of Ovary — INTERVAL BETWEEN ONSET AND DEATH 6 month
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 175.0
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Aug 24/58, to Aug 26/58 and last saw her/him alive on 3 A.M.
Death occurred at Aug 26, 58 3 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Charles R. Burnside (Degree or title) M.D.
22b. ADDRESS 206 N. Clay Kirkwood
22c. DATE SIGNED 8/26/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 8/28/58
23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery
23d. LOCATION (City, town, or county) St. Louis County, Mo. (State)

24. FUNERAL DIRECTOR Louis H Bopp Jr. ADDRESS Kirkwood Mo.
25. DATE RECD. BY LOCAL REG. 8-28-58
26. REGISTRAR'S SIGNATURE Herbert R. Domke M.D. Jr.

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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. Wyland Jr.

Licensed Embalmer No. 4512

P. O. Address Kirkwood, 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.