

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-016836

FILED VS. MAY 6 1960

Primary Registration District No. Registrar's No. 2 4444

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		c. CITY OR TOWN ST. LOUIS	
Length of stay in 1b 8 DAYS		d. STREET ADDRESS (If outside, give location) 6560 ITASKA	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION MISSOURI BAPTIST HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last ELIZABETH (N.M.I.) GEIMER			4. DATE OF DEATH Month Day Year APRIL 23, 1960			
5. SEX FEMALE	6. COLOR OR RACE CAUCASIAN	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/9/1866	9. AGE (last birthday) 94	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEKEEPER		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	11. BIRTHPLACE (City and state or country) ST. LOUIS, MISSOURI		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME FREDERICK GEIMER		13b. MOTHER'S MAIDEN NAME LOUISE STATLER		14. NAME OF HUSBAND OR WIFE NEVER MARRIED		

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. NONE	17. INFORMANT MISS FLORENCE QUELLMALZ, 6560 ITASKA
--	---------------------------------	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <i>Acute Congestive Heart Failure</i>		<i>2 days</i>
DUE TO (b) <i>Arteriosclerotic Heart Disease</i>		<i>10 yrs</i>
DUE TO (c) <i>420.0</i>		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Pyoderma due Staph. aureus</i>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
--	--	---

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 *January 5, 1960* to *April 23, 1960* and saw her *live* on *April 23, 1960*
Death occurred at *10400 P.M.* on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Deceased or title) <i>Leonard N. Pizzino M.D.</i>	22b. ADDRESS <i>6303 Natural Bridge Mo</i>	22c. DATE SIGNED <i>4-25-60</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 4/26/1960	23c. NAME OF CEMETERY OR CREMATORY ST. PETER AND PAUL
		23d. LOCATION (City, town, or county) (State) 7030 GRAVOIS, ST. LOUIS, MO.

24. FUNERAL DIRECTOR HOFFMEISTER COLONIAL MORTUARY 6464 CHIPPEWA STREET ST. LOUIS, MO.	25. DATE RECD. BY LOCAL REG. APR 25 1960	26. REGISTRAR'S SIGNATURE <i>W. Smith M.D.</i>
--	---	---

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Levin C. Hoffmann

Licensed Embalmer No. 3871

P. O. Address 7814 S. K.

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.