

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-028337

FILED VS. JUL 18 1960

318

Primary Registration District No.

1003

Registrar's No.

6182

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 19hrs.	c. CITY OR TOWN Frontenac 4000 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Children's		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 14 Devondale Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) Baby Boy Geisz			4. DATE OF DEATH Month June Day 14 Year 1960	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-13-60	9. AGE (last birthday) IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HR Hours 22 Min. 15
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and state or country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME William Frank Geisz		13b. MOTHER'S MAIDEN NAME Johnnie Farmer		14. NAME OF HUSBAND OR WIFE none
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. none	17. INFORMANT Anne Dudley 500S.Kingshighway Address	

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) Respiratory and cardiac arrest -		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Leukemia + thrombocytopenia purpura	
	DUE TO (c) Cytomegalic inclusion body disease suspect	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Leucopenia		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. 7730 (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 6-13-60 to 6-14-60 and last saw ^{her} him alive on 6-14-60 Death occurred at 10:15A m on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE Frederick A. Peterson, MD (Degree or title)		22b. ADDRESS 500 S. Kingshighway	22c. DATE SIGNED 6-14-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE June 17-60	23c. NAME OF CEMETERY OR CREMATORY Valhalla Cem.	23d. LOCATION (City, town, or county) (State) St. Louis Mo
24. FUNERAL DIRECTOR Louis A. Bapp Inc ADDRESS		25. DATE RECD. BY LOCAL REG. JUN 16 1960	26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

