

318

1003

6000

-61-022582
STATE FILE NUMBER

AMENDED

Registered District No. 7-1961

Primary Registration District No.

Registrar's No.

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b LIFETIME		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5825 Lindenwood Ave.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 5825 Lindenwood Ave		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Marie Middle Last Geipel				4. DATE OF DEATH Month June Day 24 Year 1961									
5. SEX Female		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Aug. 26, 1883		9. AGE (last birthday) 77		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) Housewife				10b. KIND OF BUSINESS OR INDUSTRY Own		11. BIRTHPLACE (City and state or country) St. Missouri (Louis)		12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME Louis Toensmeise				13b. MOTHER'S MAIDEN NAME Lena Steuber				14. NAME OF HUSBAND OR WIFE Julius F. Geipel					
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. --		17. INFORMANT Mrs Edna Hibbler 3956 Federer Place Address							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY ARTERY Occlusion										INTERVAL BETWEEN ONSET AND DEATH 1/2 HR			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (b) ARTERIOSCLEROTIC HEART Disease 10 yrs.													
DUE TO (c) HYPERTENSIVE CARDIO-VASC Dis.										5 yrs.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200								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.) DOES NOT APPLY									
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		DOES NOT APPLY.											
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 1951 to 1961 and last saw her ^{her} _{him} alive on 6-20-61 Death occurred at approximately 9 A m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) James D. Hunter M.D.						22b. ADDRESS 4560 Olive Str. (S)			22c. DATE SIGNED 6-27-61				
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 6-29-1961		23c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		23d. LOCATION (City, town, or county) St Louis County		23e. STATE Mo					
24. FUNERAL DIRECTOR Hoffmeister Colonial Mortuary ADDRESS 6464 Chippewa St. Louis 9, Missouri					25. DATE RECD. BY LOCAL REG. JUN 28 1961		26. REGISTRAR'S SIGNATURE Loan Smith, M.D.						

BY AFFIDAVIT OF

Dr. Winters
4396 Maryland

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

John S. D. Emmet

Licensed Embalmer No. 4194

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.