

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-009133

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 185

DO NOT WRITE ON THIS STUB

AMENDED

DECEASED MAR 7 1962

1. **PLACE OF DEATH**
 a. COUNTY ST. LOUIS,
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN _____ Length of stay in lb _____
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION GREEN VALLEY NURSING HOME Inside Limits Yes No

2. **USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
 a. STATE MO. b. COUNTY _____
 c. CITY OR TOWN ST. LOUIS Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 5839 HAMPTON Reside on Farm Yes No

3. **NAME OF DECEASED** First Middle Last 4. **DATE OF DEATH** Month Day Year
LOUISE _____ GEIL JAN. 13 1962

5. **SEX** FEMALE 6. **COLOR OR RACE** WHITE 7. Married Never Married Widowed Divorced
 8. **DATE OF BIRTH** 1-28 1875 9. **AGE** (last birthday) 88

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** U.S.A

13a. **FATHER'S NAME** Unknown Jergens 13b. **MOTHER'S MAIDEN NAME** Unknown 14. **NAME OF HUSBAND OR WIFE** Phillip Geil

15. **WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) none 16. **SOCIAL SECURITY NO.** 4200 17. **INFORMANT** Edwin Geil 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) Acute Myocardial infarction
 DUE TO (b) Arteriosclerotic Heart Disease
 DUE TO (c) Arteriosclerotic Sclerolyzed
 PART II. **OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH** but not related to the terminal disease condition given in PART I (a) _____
 PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

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 _____ Month _____ Day _____ Year _____
 a.m. _____ p.m. _____

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 Oct 17, 1960 to Jan 13, 1962 and last saw her alive on Jan 11, 1962.
 Death occurred at 1:00 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. **SIGNATURE** (Degree or title) Edwin Geil M.D. 22b. **ADDRESS** 117 45 Olive St Rd. 22c. **DATE SIGNED** 1/13/62

23a. **BURIAL, CREMATION, REMOVAL** (Specify) Burial 23b. **DATE** Jan. 16, 1962 23c. **NAME OF CEMETERY OR CREMATORY** New St. Marcus 23d. **LOCATION** (City, town, or county) (State) St. Louis Mo.

24. **FUNERAL DIRECTOR** Kraegshauser **ADDRESS** 4228 s. Kingshighway 25. **DATE RECD. BY LOCAL REG.** 1-13-62 26. **REGISTRAR'S SIGNATURE** John C. Muffley M.D.

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

88

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 Ernest W. Spillner

Licensed Embalmer No. 4080

P. O. Address _____

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.