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FILED

CERTIFICATE OF DEATH

APR 18 1972

Registration District No. 116

Primary Registration District No. 4187

Registrar's No. 134

DO NOT WRITE
ON THIS STUB

VS 300

Rev. 1/70

DECEASED—NAME FIRST MIDDLE LAST 1. MATTHEW GEISTLINGER		SEX 2. MALE	DATE OF DEATH (MONTH, DAY, YEAR) 3. APRIL 13, 1972
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) 4. WHITE	AGE—LAST BIRTHDAY (YEARS) 5a. 108	UNDER 1 YEAR 5b. MOS. DAYS	UNDER 1 DAY 5c. HOURS MIN.
CITY, TOWN, OR LOCATION OF DEATH 7a. UNION	INSIDE CITY LIMITS (SPECIFY YES OR NO) 7c. YES	DATE OF BIRTH (MONTH, DAY, YEAR) 6. JANUARY 19, 1864	COUNTY OF DEATH 7a. FRANKLIN
HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7d. SUNSET RETIREMENT HOME		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 11. * * * *	
STATE OF BIRTH (IF NOT IN U.S.A., NAME) 8. AUSTRIA HUNGARY	CITIZEN OF WHAT COUNTRY 9. U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. WIDOWED	11. * * * *
SOCIAL SECURITY NUMBER 12. 499-54-1636 JI	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13a. RETIRED	KIND OF BUSINESS OR INDUSTRY 13b.	
RESIDENCE—STATE 14a. MISSOURI	COUNTY 14b. ST. LOUIS	CITY, TOWN, OR LOCATION 14c. LEMAY	INSIDE CITY LIMITS (SPECIFY YES OR NO) 14d. YES
STREET AND NUMBER 14e. 735 BELLA VILLA		FATHER—NAME FIRST MIDDLE LAST 15. PAUL GEISTLINGER	
MOTHER—MAIDEN NAME FIRST MIDDLE LAST 16. EVA UNKNOWN		INFORMANT—NAME 17a. MRS. IRENE BERNARD	
MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17b. 735 BELLA VILLA, LEMAY, MISSOURI 63125		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. UNKNOWN	
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE (a) CONGESTIVE HEART FAILURE DUE TO, OR AS A CONSEQUENCE OF:			UNKNOWN
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST (b) ATRIAL FIBRILLATION CHRONIC DUE TO, OR AS A CONSEQUENCE OF:			UNKNOWN
(c) ARTERIOSCLEROTIC CORONARY ARTERY DISEASE			UNKNOWN
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) FRACTURES REMOTE RIGHT HUMERUS AND RIGHT ELBOW			AUTOPSY (YES OR NO) 19b. NO
IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19c.			
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 20a. NA	DATE OF INJURY (MONTH, DAY, YEAR) 20b.	HOUR 20c. M. 20d.	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
INJURY AT WORK (SPECIFY YES OR NO) 20e. NO	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 20f.	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 20g.	IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS 20h. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK.
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM 21a. MARCH 28 1972 TO 21b. APRIL 12 1972	AND LAST SAW NUM/HER ALIVE ON 21c. APRIL 12 1972	I DID/DID NOT VIEW THE BODY AFTER DEATH. 21d. DID NOT	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. 21e. 2:10 PM
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. 22a.	HOUR OF DEATH 22b. APRIL 13 1972	THE DECEDENT WAS PRONOUNCED DEAD 22c. APRIL 13 1972	HOUR 22d. 2:10 PM
CERTIFIER—NAME (TYPE OR PRINT) 23a. THOMAS F. REARDON MD	SIGNATURE 23b. Thomas F. Reardon MD	DEGREE OR TITLE 23c.	DATE SIGNED (MONTH, DAY, YEAR) 23d. 14 APRIL 1972
MAILING ADDRESS—CERTIFIER 23e. 9101 S BROADWAY	STREET OR R.F.D. NO. 23f. ST. LOUIS	CITY OR TOWN 23g. MISSOURI	STATE 23h. 63125
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. REMOVAL	CEMETERY OR CREMATORY—NAME 24b. ST. TRINITY CEMETERY	LOCATION 24c. ST. LOUIS COUNTY, MISSOURI	STATE 24d.
DATE (MONTH, DAY, YEAR) 24a. APRIL 15, 1972	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 24b. HOFFMEISTER MORTUARIES, INC., 7814 SOUTH BROADWAY, ST. LOUIS, MO.	FUNERAL DIRECTOR—SIGNATURE 24c. Richard G Hoffmeister	
REGISTRAR—SIGNATURE 24d. Luth C. Hedmann	DATE RECEIVED BY LOCAL REGISTRAR 24e. 4/15/72	63111	

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

CERTIFIER

BURIAL

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

RGM

RICHARD G. HOFFMEISTER

APR 27 1972

MAY 19 1972

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 Delbert A. Eaker

Licensed Embalmer No. 5231

P. O. Address St. Louis, 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.