

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

4365

File No. 75
Registered No. 1
St. Ward

MAR 24 1934

26
8200

1. PLACE OF DEATH

County Cole
Township
City Jefferson (No. _____)

Registration District No. 213
Primary Registration District No. 3014

2. FULL NAME

(a) Residence, No. _____ St., _____ Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Caroline Geismarth

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Apr 25 - 1871

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>62</u>	<u>10</u>	<u>12</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoemaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bredie Corp

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Cole Co Mo

FATHER

13. NAME Chas Stadler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Illinois

MOTHER

15. MAIDEN NAME No information

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

No

17. INFORMANT (ADDRESS)

Mrs Tom Jace

18. BURIAL, CREMATION, OR REMOVAL

Buried DATE Mar 1 31

19. UNDERTAKER (ADDRESS)

Lawson - Tamm

20. FILED 2-28-1934

W. Bradford M.D.
Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-27-1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1933, to Feb 26, 1934

I last saw h. in alive on Feb 26, 1934 Death is said to have occurred on the date stated above, at 280 m.

The principal cause of death and related causes of importance were as follows:

Arterio-sclerosis
98%
Gangrene of feet

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) W. Bradford, M. D.

(Address) Jeff. City, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

