

APR 24 1934

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis

Registration District No. 490

File No. 6379

Township Central

Primary Registration District No. 6033A

Registered No. 07

City Cayton

(No. St. Louis County Prop.)

St. Ward

2. FULL NAME

(a) Residence, No. Highway 2 East St. Ward Central
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1870 2-21

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 11 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

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

13. NAME Fritz Keimann

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

15. MAIDEN NAME Sophia (Don't know)

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

17. INFORMANT (ADDRESS) Jules Geiger - Augusta, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Augusta, Mo. DATE Feb. 19 1934

19. UNDERTAKER (ADDRESS) Morris Muschany - Augusta, Mo.

20. FILED Feb. 17, 1934 Robt. A. Ambrose Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-16, 1934

22. I HEREBY CERTIFY, That I attended deceased from 2-15, 1934, to 2-16, 1934

I last saw h. c. r. alive on 2-16, 1934. Death is said to have occurred on the date stated above, at 11 p. m.

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

Labor pneumonia (RT) Date of onset 2-10-34
108

Other contributory causes of importance

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No.

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) T. R. Fisher M. D.
(Address) St. Louis County Prop.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

THIS IS A PERMANENT RECORD

