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.

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

JUN 12 1937

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. 18516

Township ..... Primary Registration District No. ..... Registered No. 5092

City St. Louis (No. St. Johns Hosp. St. ..... Ward)

2. FULL NAME Daniel H. Geyer

(a) Residence, No. 245 Lemay St., NR Ward. Lemay, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 26, 1907

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
30	2	25	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. St. Louis Electrotype Co.,

10. Date deceased last worked at this occupation (month and year) May 19, 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

FATHER

13. NAME Conrad C. Geyer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lynchburg, Ill.

MOTHER

15. MAIDEN NAME Katie M. Link

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) O'Fallon, Mo.

17. INFORMANT (ADDRESS) Katie M. Geyer, 245 Lemay, Lemay, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hiram Cemetery DATE May 24, 1937

19. UNDERTAKER (ADDRESS) C. Hoffmeister U. & L. Co. 7814 South Broadway

20. FILED MAY 21 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 6:15 P.M.

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

	Date of onset
Ether Anesthesia	
Status Lymphaticus	

Other contributory causes of importance:

Name of operation ..... Date of

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 5/20/1937

Where did injury occur? St Louis Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. St. John's Hospital

Manner of injury 4 See Above

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify.

(Signed) Joseph M. Lewis, M.D.

(Address) Deputy Comm

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