

REC'D DEC 12 1938

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

37918

Do not use this space.

1. PLACE OF DEATH

- (a) County 2 Registration District No. 791
(b) Township 1 Primary Registration District No. 1003
(c) City St. Louis, Mo. (d) Street No. 3915 Virginia
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 10245 St.2. PRINT FULL NAME Mrs. Alvina Geipel

- (a) Residence, No. 3915 Virginia Avenue St. 16
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 7th, 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 8 18

- OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as 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) St. Louis
(STATE OR COUNTRY) Missouri

FATHER 13. NAME Unknown Tohn
14. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) St. Louis Mo.
(STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Mrs. E. Brimmer
3915 Virginia Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sunset Burial Park DATE Nov. 28, 1938

19. FUNERAL DIRECTOR (NAME) Beidervieden F. H. Inc.
(ADDRESS) 1936 St. Louis Avenue

20. FILED NOV 26 1938 J. Predeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from 11-24, 1938, to 11-25, 1938

I last saw h. & alive on 11-24, 1938 Death is said to have occurred on the date stated above, at 12:40 A. M.

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

Cerebral Hemorrhage
(apoplexy)

Date of onset

11.24.38

Other contributory causes of importance:

slight debility
old age

Name of operation none Date ofWhat test confirmed diagnosis? clinical 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 none

Nature of injury _____

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

If so, specify

(Signed) Bernard Ploch, M. D.(Address) 3527 Osage, St. Louis, Mo.

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

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No. *3737*

P. O. Address *1926 G. Towne*

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 this body is not embalmed, above space should be left blank.