

REC'D JAN 11 1939

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

41-163
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis, Mo.** (d) Street No. **2338a St. Louis Ave.,** St.
(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.

2. PRINT FULL NAME

240 Louis Geczi,
(a) Residence, No. **2338a St. Louis Ave.,** St. **20** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec. 12th 1899**

7. AGE YEARS **39** MONTHS **0** DAYS **5** If LESS than 1 day,hra. ormin.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Conductor**
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) (STATE OR COUNTRY) **Highland Ills**

FATHER 13. NAME **Louis Geczi** 7

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Highland Ills**

MOTHER 15. MAIDEN NAME **Mary Krauer** 7

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Highland Ills**

17. INFORMANT (ADDRESS) **Mrs. Mary Geczi, 2338a St. Louis, Ave.,**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Highland Ills.** DATE **12-19** 19**38**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Henry Leidner Und. 1417 N. Market Street**

20. FILED **DEC 18, 1938** **J. D. Beudeck** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **12-17 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Dec 1** 19**38**, to **15** 17, 19**38**

I last saw him alive on **Dec 17** 19**38**. Death is said to have occurred on the date stated above, at **12:00 A. m.**

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

Chr Myocarditis
see encephalitic em
Date of onset

Other contributory causes of importance:
see encephalitic em

Name of operation **no** Date of
What test confirmed diagnosis? **no** 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) **A. J. Hewing**, M. D.
(Address) **2242 Robinson**

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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.....

John P. Buchholz

Licensed Embalmer No. *1674*

P. O. Address *2223 St Louis Ave*

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.