REG'D MAY 16 1939

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

14676
Do not use this space.

1. PLACE OF DEATH
(a) County Cole 3 Registration District No. 213
(b) Township Primary Registration District No. 3014 Registered No. 99
(c) City Jefferson City 1 (d) Street No. 102 West High 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 216 Charles Henry Geisberg
(a) Residence, No. 328 E. McCarty St. (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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 16, 1881

7. AGE: YEARS 57 | MONTHS 6 | DAYS 28 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Clerk
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) Jefferson City, Mo.

FATHER
13. NAME H. C. Geisberg
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Osage County, Mo.

MOTHER
15. MAIDEN NAME Emma Guyot
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

17. INFORMANT (ADDRESS) Mrs. H. H. Lotter 7
328 E. McCarty, J.C.Mo.

18. BURIAL, ~~CREMATION~~, ~~OR REMOVAL~~
PLACE Riverview DATE 4-17 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) John F. Heinrichs
Jefferson City, Mo.

20. FILED 4/17 1939 D. A. Bedford M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 14, 1939

22. I HEREBY CERTIFY, That I attended deceased from Coroner's, to Case, 19..
I last saw b..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7:30 P.m.
The principal cause of death and related causes of importance were as follows:

Valvular Heart Disease, Fell dead on sidewalk

Date of onset

Other contributory causes of importance: None 92 W

Name of operation none Date of —
What test confirmed diagnosis? none Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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? No
If so, specify —
(Signed) Frank J. Nichols Coroner, M. D.
(Address) Centertown, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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, John F. Hennecke, or by

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

Signed John F. Hennecke

Licensed Embalmer No. 3655

P. O. Address Jefferson Cit

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

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