

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.

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

REC'D JUN 12 1939

791  
1003

17329  
Do not use this space.

**1. PLACE OF DEATH**

(a) County St. Louis Registration District No. 1  
 (b) Township St. Louis Primary Registration District No. 1  
 (c) City St. Louis (d) Street No. Leimish Hospital Registered No. 4863  
 (e) Length of residence in city or town where death occurred 23 yrs 8 mos 27 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

(a) Residence, No. 2160 Sara Geeser St. 6  
1376 Clara (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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 29 - 1915</u>		
7. AGE	YEARS <u>23</u>	MONTHS <u>5</u>
	DAYS <u>29</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	
	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) <u>May 26 1939</u>	
	11. Total time (years) spent in this occupation	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo.</u>	
	13. NAME <u>Abraham Geeser</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Russia</u>	
MOTHER	15. MAIDEN NAME <u>Eda Kapner</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Russia</u>	
17. INFORMANT (ADDRESS) <u>Abraham Geeser</u> <u>1376 Clara</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Church Road</u> DATE <u>May 29 1939</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>Palmbandler</u> <u>4109 Washington</u>		
20. FILED <u>MAY 29 1939</u> <u>J. B. Budick</u> Local Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28 1939

22. I HEREBY CERTIFY, That I attended deceased from May 26 1939, to May 28 1939  
 I last saw h. & T. alive on May 28 1939. 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:

Uremia caused by acute nephritis cause unknown.

Other contributory causes of importance:  
Hypertension 130

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? no  
 If so, specify \_\_\_\_\_ (Signed) Albert E. Tausig, M. D.  
 (Address) 4500 Olive

Date of onset  
5/28/39

STATEMENT BY LICENSED EMBALMER

I, W. Z. Odenhandler Licensed Embalmer No. 3669

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No..... or by..... Registered Apprentice No.....

working under my personal supervision.

Signed W. Z. Odenhandler  
Licensed Embalmer No. 3669

**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.)**