DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34158

Registration District No. 201 — Primary Registration District No. — Registrar's No. 8696

1. PLACE OF DEATH: 1003 — 2

(a) County

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1931 E. Warne Ave. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 48 yrs. 8 mo.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 9

(d) Street No. 1931 E. Warne (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Amanda Geisel 240

3. (b) If veteran, name war Nil

3. (c) Social Security No. Nil

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Gerhard Geisel

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased Jan. (Month) 18 (Day) 1891 (Year)

8. AGE: Years 48 | Months 8 | Days 22 | If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Nil

FATHER
12. Name John Albatt
13. Birthplace Unk. (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Augusta Hartwig
15. Birthplace Unk. (City, town, or county) Germany (State or foreign country)

16. (a) Informant's own signature Gerhard J. Geisel

(b) Address 1931 E. Warne

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof Oct. 13 1939 (Month) (Day) (Year)

(c) Place: burial or cremation Vahalla Crematory

18. (a) Signature of funeral director Guedmeyer & Sons

(b) Address 3934 N. 20th St.

19. (a) OCT 11 1939 (Date received local registrar) (b) J. D. Budek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 10th year 1939 hour 2 minute 26 a.M.

21. I hereby certify that I attended the deceased from June 1st, 1939, to Oct 10th, 1939; that I last saw her alive on Oct 10th, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Oedoema

Due to Carcinoma of Lungs Primary

Due to —

Other conditions None (Include pregnancy within 3 months of death) 47

Major findings: Of operations X Ray Made later Metastes of Glands

Of autopsy None made

Duration

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) —

(b) Date of occurrence —

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? — (Specify type of place)

While at work? — (e) Means of injury —

23. Signature G. H. Wilson MD (M. D. or other) 1

Address Oct. 11th 1939 Date signed

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

I X19511

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 Geo. P. Schubert, Registered Apprentice No. ..... working under my personal supervision.

Signed Geo. P. Schubert

Licensed Embalmer No. 2212

P. O. Address 5118 N. Kingshighway

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.