

FILED MAR 12 1940
791

STANDARD CERTIFICATE OF DEATH

State File No.

1933

Registration District No.

Primary Registration District No.

1003

Registrar's No.

I. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Enroute to City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

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3. (a) PRINT FULL NAME: Richard Geasland

3. (b) If veteran, name war None
3. (c) Social Security No. 702-05-9538

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan. 29 1910
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
30 0 26 hr. min.

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

10. Usual occupation Fireman extra board

11. Industry or business Wabash R.R.

12. Name Richard Geasland

13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Noonan

15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (c) Informant Nora Suda

(b) Address 4019 Clayton Ave.

17. (a) Burial (b) Date thereof 2-27-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Peter & Paul

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4104 Manchester Ave.

19. (a) FEB 26 1940 (b) J. Budesh
(Date received local registrar) (Registrar's signature)

II. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4011 Clayton Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 24
year 1940 hour 10:30 minute A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Epilepsy
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Duration

PHYSICIAN

Major findings: _____
Of operations: _____
Of autopsy: _____
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? _____

23. Signature J. Budesh (Specify place of place) (e) Means of injury _____
Address _____ Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Edmund M. Heruath*

Licensed Embalmer No. 3024

P. O. Address _____

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.