

REC JAN 15 1940

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. **10051**

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 Mos., 26 Days
(Specify whether
 In this community _____
years, months or days)

3. (a) PRINT FULL NAME Mabel Geller

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife H.W. Geller 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased May 9 - 1881
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>6</u>	<u>27</u>	hr. _____ min. _____

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

10. Usual occupation Social Service Worker

MOTHER FATHER

11. Industry or business _____
 12. Name John F. Johnson
 13. Birthplace Saint Louis, Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Carrre Douglass
 15. Birthplace White Hall, Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant William D. Geller
 (b) Address 5230 Gravois,

17. (a) Burial (b) Date thereof 12 - 9-40
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director C.R. Lupton & Sons
 (b) Address 7233 Delmar Blvd.

19. (a) DEC 7 1940 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town Saint Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 5230 Gravois,
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 6,
 year 1940 hour 10:00 minute _____ A. M.

21. I hereby certify that I attended the deceased from September 9, 1940, to December 6, 1940
 that I last saw her alive on December 6, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction
 Due to Coronary Thrombosis

Due to _____
 Other conditions CHD
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
 Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
 23. Signature R. J. Maxwell (M. D. or other) _____
 Address 515 Lafayette Ave. Date signed 12/6/40

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

JAN 9 1948

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

Clarence H. Murray

Licensed Embalmer No. *400*

P. O. Address *St. Louis, Mo.*

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.