S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

12047

State File No.

FILED APR 9 1941

Registration District No. 154 Primary Registration District No. 200 Registrar's No. 694

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

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town Pine Lawn (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 6219 Greer Ave St Louis Co (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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis

(c) City or town 6219 Greer Ave (If outside city or town limits write "RURAL")

(d) Street No. St Louis Co - Pine Lawn (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Julia Geislinger

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Adam Geisliger

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

7. Birth date of deceased Jan. (Month) 27 (Day) Th 1864 (Year)

8. AGE: Years 77 ------- Months 2 -- Days 2 -- If less than one day hr. min.

9. Birthplace Austria Hungaria (City, town, or county) 4 (State or foreign country)

10. Usual occupation House Work

11. Industry or business

FATHER
12. Name Adam Schmidt
13. Birthplace Austria Hungaria (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Julia Estel
15. Birthplace Austria Hungaria (City, town, or county) 4 (State or foreign country)

16. (a) Informant Josepf Geislinger

(b) Address 310 East Espenshied 1941

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 1st (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery St Louis Mo

18. (a) Signature of funeral director Edward Koch

(b) Address 3516 N 14 Th Str

19. (a) MAR 29 1941 (Date received local registrar) (b) T R Meyer M D Dept H (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29 year 1941 hour 7 minute 45 P M.

21. I hereby certify that I attended the deceased from Jan 5, 1930 to March 29, 1941 that I last saw her alive on March 29, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage (Apoplexy) Chronic Parenchymatous Nephritis — Duration 3 days

Due to Arteriosclerosis

Due to Chronic Valvular Heart Disease

Other conditions Diabetes Mellitus (Include pregnancy within 3 months of death)

Major findings:
Of operations 61
Of autopsy

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 Anthony A. Rekowski M D (M. D. or other)

Address 1525 a Cass Ave Date signed 3/30/41

(Licensed Embalmer's Statement on Reverse Side)

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 Harry J Schumacher

Licensed Embalmer No. 2679

P. O. Address 732 Lemay

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.