

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 8 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26215

Registration District No. 284

Primary Registration District No. 200

Registrar's No. 1432

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jennings
(c) Name of hospital or institution: 7219 West Florissant Ave.
(d) Length of stay: In hospital or institution
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Jennings
(d) Street No. 7219 West Florissant Ave.
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULLNAME Henry George Geher,

3. (b) If veteran, name war 3. (c) Social Security No. NO

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

6. (b) Name of husband or wife Millie A. Geher, 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased April 8, 1863 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	78	2	27	hr. min.

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

10. Usual occupation Laborer

11. Industry or business Mallinckrodt Chem. Co.

12. Name Bernard Geherm 13. Birthplace Germany (City, town, or county) (State or foreign country)

14. Maiden name Anna Willman 15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Millie A. Geher, (b) Address 7219 West Florissant

17. (a) Burial (b) Date thereof 7/9/41 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director (b) Address 2117 E. Grand Blvd.

19. (a) JUL 8 1941 (b) Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5 year 1941 hour 1 minute P. M.

21. I hereby certify that I attended the deceased from June 28, 1941 to July 5, 1941 that I last saw him alive on July 5, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death D.I.A. BETES MELLINUS 3yo.

Due to (C) Due to Other conditions (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?
(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 F. A. Miller (M. D. or other) Address 4114 W. Floussant Date signed 7/7/41

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

MOTHER FATHER

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

Dr. Frank Meller
4114 N. Wisconsin

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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: *Frank A. Meller*

Licensed Embalmer No. *3041*

P. O. Address *2117 E. Grand*

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, fact should be so stated above.