

7. S. No. 2
 DM-9-4-41
 Rev. 5-17-39
 X29484

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

19577
 State File No. 5587

FILED JUL 13 1942

791

1003

Registration District No. Primary Registration District No. Registrar's No.

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 17
 9

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

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
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... 1 Day
 (Specify whether
 In this community..... Life 74 years
 years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000
 (a) State Missouri (b) County 17
 (c) City or town..... St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1304 Missouri
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Harriet Geair
 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..... Single
 6. (b) Name of husband or wife..... None 6. (c) Age of husband or wife if alive..... nil years
 7. Birth date of deceased..... January 22 1868
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>5</u>	<u>6</u>	hr. min.

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

10. Usual occupation..... Retired Schoolteacher

11. Industry or business..... Retired 5yrs

MOTHER FATHER
 12. Name..... Alfred Geair
 13. Birthplace..... London England
 (City, town, or county) (State or foreign country)
 14. Maiden name..... Ann Cullinaine
 15. Birthplace..... Ireland
 (City, town, or county) (State or foreign country)

16. (a) Informant..... Elizabeth Geair 1304
 (b) Address..... 1304 Missouri

17. (a) Burial (b) Date thereof..... July 1 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Bellefontaine

18. (a) Signature of funeral director..... J. W. McLaughlin
 (b) Address..... 2301 Lafayette

19. (a) J. F. Braddock (b) J. F. Braddock
 (Date certified local Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28
 year 1942 hour 11:37 minute P. M.

21. I hereby certify that I attended the deceased from June 27, 1942, to June 28, 1942;
 that I last saw her alive on June 28, 1942,
 and that death occurred on the date and hour stated above.

Immediate cause of death.....
Degenerative Heart Disease
Arteriosclerosis

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

Major findings:
 Of operations.....
 Of autopsy.....
93
75

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?

While at work..... (Specify type of place)
 Means of injury.....
 23. Signature..... Louis G. Neudorff
 Address..... 1515 Lafayette Ave.
 Date signed..... 7/29/42

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 Paul A Keith

Licensed Embalmer No. 3612

P. O. Address 2317 Lafayette

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.