

FILED DEC 1 1942
Registration District No. 18

Primary Registration District No. 1003

Registrar's No. 9776

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2025 East John Ave /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... **None** (Specify whether
In this community..... **Birth** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **000**
(c) City or town..... **St. Louis** **17**
(If outside city or town limits, write "RURAL") **99**
(d) Street No. **2025 East John Ave**
(If rural, give location)
(e) Citizen of foreign country?..... **No** (Yes or No)
If yes, name country..... **0**

3. (a) PRINT FULL NAME **Frances Geary**

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 **Married**

6. (b) Name of husband or wife **William J. Geary** 6. (c) Age of husband or wife if alive **60** years

7. Birth date of deceased **April 1, 1892**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
50 **7** **21** hr. min.

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

10. Usual occupation **At home**

11. Industry or business

MOTHER FATHER

12. Name **James Mohan**
13. Birthplace **Unknown Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **William J. Geary**
(b) Address **2025 East John Ave**

17. (a) **Burial** (b) Date thereof **11/25/42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Math Hermann & Son**
(b) Address **2161 East Fair Ave**

19. (a) **NOV 23 1942** (b) **JF Budeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **22**,
year **1942** hour **10:00 AM** minute M.

21. I hereby certify that I attended the deceased from **1-6** 19**42** to **11-22** 19**42**
that I last saw h. **EX** alive on **Nov 22** 19**42**
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Cerebral hemorrhage** **10 MIN**
Due to **Hypertension**

Other conditions **Uterine Fibroid**
(Include pregnancy within 3 months of death)

Major findings:
Of operations..... **JSA**
Of autopsy..... **JSA**

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) (e) Means of injury.....
23. Signature **Paul McElwan** (M. D. or other) **MD**
Address **4356 Harne** Date signed **11/23/42**

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 *William G. Buchholz*
Licensed Embalmer No. *2610*
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, fact should be so stated above.