

FILED NOV 16 1942

Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St Louis  
(b) City or town St Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1926 Mallinckrodt  
(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 St Louis Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1926 Mallinckrodt  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Joseph Geiger

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

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb 21st 1862  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
80 ----- 8 -- 18 - hr. \_\_\_\_\_ min.

9. Birthplace Wisconsin (City, town, or county) (State or foreign country)

10. Usual occupation Retired Chemical Worker

MOTHER FATHER { 11. Industry or business \_\_\_\_\_

12. Name John Geiger

13. Birthplace Germany (City, town, or county) (State or foreign country)

14. Maiden name Stanislars Tode

15. Birthplace Poland (City, town, or county) (State or foreign country)

16. (a) Informant Frank Geiger

(b) Address 1926 Mallinckrodt Str

17. (a) Burial (b) Date thereof Nov 12 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemery

18. (a) Signature of funeral director C. Ward Koch

(b) Address 3516 N 14 Th Str  
19. NOV 10 1942 (Date received local registrar) (b) J. F. Muecke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10-9-42 day \_\_\_\_\_ year \_\_\_\_\_ hour \_\_\_\_\_ minute 5:30 A. M.

21. I hereby certify that I attended the deceased from 10-9 1942 to 11-9 1942 that I last saw him alive on 11-7 1942 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Chronic myocarditis  
Senility

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) (e) Means of injury \_\_\_\_\_

23. Signature Jos Kessler (M. D. \_\_\_\_\_)

Address 3516 N 14 Th Date signed 11-9-42

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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

*Harry J. Schramm*

Licensed Embalmer No. *2679*

P. O. Address *333 Lemay Ferry*

**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.**