S. No. 2
M—9-4-41
5-17-3
PI X29

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7572

Registration District No. 784 Primary Registration District No. 109 Registrar's No. 475

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Maplewood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Maplewood Nursing Home 4
(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: 000 17 9

(a) State Mo. (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5025 Sutherland Ave.
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME Hattie M. Geobel

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 Widowed 2

6. (b) Name of husband or wife Late J.F. Geobel.

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

7. Birth date of deceased July (Month) 25 (Day) 1878 (Year)

8. AGE:

Years	Months	Days	If less than one day
66	6	29	..... hr. ..... min.

9. Birthplace Pittsburg (City, town, or county) Pa. / (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Unknown Rollhaus
13. Birthplace ..... (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace ..... (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Mrs. Tillie Fuller
(b) Address 5025 Sutherland Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-26-43 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Peter & Paul

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway Blvd.

19. (a) FEB 27 1943 (Date received local registrar) (b) C. G. McGovern MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 23rd year 1943 hour 6:50 minute A.M. M.

21. I hereby certify that I attended the deceased from Jan 7-43, 19..., to Feb 3, 1943 that I last saw her alive on Feb 17, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis Chr / Nephritis Chr. } Duration: not known

Due to —

Due to —

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 131b

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 Robert E Warner (M. D. or other) M.D.
Address Paul Brown Bldg Date signed St Louis Mo

(Licensed Embalmer's Statement on Reverse Side)

Paul Brown Bldg.

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 Edwin D. McDermott

Licensed Embalmer No. 3024

P. O. Address.....

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.