

FILED JUN 19 1944 18

Registration District No. 18

Primary Registration District No. 1003

State File No. _____

Registrar's No. 5175

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:
Little Sisters of Poor - 3400 St. Grand
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 YEARS
In this community 3400 S. Grand 5 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3400 S. Grand Bl.
(If rural, give location)
(e) If foreign born, how long in U. S. A. 60 years

3. (a) PRINT FULL NAME John U. Geiser

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced widower

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

7. Birth date of deceased December 27, 1861
(Month) (Day) (Year)

8. AGE: Years 82 Months 5 Days 9 If less than one day hr. _____ min. _____

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

10. Usual occupation House painter

11. Industry or business _____

12. Name John Geiser

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

14. Maiden name Unknown

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

16. (a) Informant's own signature Mary Hoepfer

(b) Address 4536 Osage St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 8, 1944 (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cem.

18. (a) Signature of funeral director Schumacher Undertaking Co.
(b) Address 3013 Meramec St.

19. (a) JUN 8 1944 (Date received local registrar) (b) J. Z. Brunck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5 th. year 1944 hour 9:00 minutes _____ A. M. _____ P. M.

21. I hereby certify that I attended the deceased from Feb 2 to June 5, 1944
that I last saw him alive on May 30, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Due to Coronary Sclerosis
Due to Arterial Sclerosis

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

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? _____

23. Signature [Signature] (M. D. or other) _____
Address Union Club Bl. Date signed _____

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 Francis A. Williamson

Licensed Embalmer No. 3565

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.