

FILED FEB 13 1945

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 395

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

1. PLACE OF DEATH:

(a) County..... St. Louis County Mo.  
 (b) City or town St. Louis County Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Route 6 Box 1305  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
 In this community..... 35 years. / (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County..... 96  
 (c) City or town St. Louis County, Mo.  
(If outside city or town limits, write "RURAL")  
 (d) Street No. Route 6 Box 1305  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country..... 0

3. (a) PRINT FULL NAME August De Geeter  
 3. (b) If veteran, name war No 3. (c) Social Security No. ....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 5  
 year 1945 hour 7 minute 30 AM

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 7. Birth date of deceased August 11, 1888  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 7 1945 to Feb 7 1945  
 that I last saw him alive on Feb 5 1945  
 and that death occurred on the date and hour stated above.

8. AGE: Years · Months Days If less than one day  
56 5 24 hr. min.

Immediate cause of death..... Cancer of the jaw  
 Due to..... 7  
 Due to.....

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

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

10. Usual occupation Chauffeur

11. Industry or business St. Louis Public Service

12. Name Ferdinand De Geeter  
 13. Birthplace Holland  
(City, town, or county) (State or foreign country)  
 14. Maiden name Clemense De Wilde  
 15. Birthplace Holland  
(City, town, or county) (State or foreign country)

Major findings:  
 Of operations.....  
 Of autopsy..... USD  
 PHYSICIAN  
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Mary De Geeter  
 (b) Address Rte 6 Box 1305

17. (a) Burial (b) Date thereof 2/9/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

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?

18. (a) Signature of funeral director Oscar J. Hoffmeister  
 (b) Address 4016 Chippewa

While at work?.....  
 (Specify type of place) (c) Means of injury.....

19. (a) FEB 9 1945 (b) E. J. McLaursant  
(Date received local registrar) (Registrar's signature)

23. Signature Waldishill (M. D. or other).....  
 Address Lemay R 8 (22) Mo Date signed 2/6/45

REV 20 1974

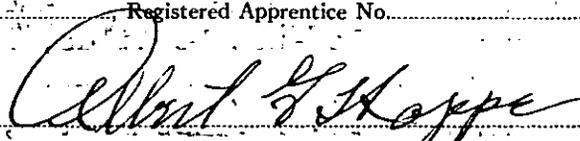
**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....  
working under my personal supervision.

Registered Apprentice No.....

Signed.....



Licensed Embalmer No.....

2971

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.**