

S. No. 2
FORM-5-43
Rev. 5-17-39
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21761

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 112

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5270

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

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: Missouri Baptist Hospital
(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 Missouri (b) County.....

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3835 South Spring Ave
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No) 0
If yes, name country.....

3. (a) PRINT FULL NAME Tillie H. Geisler

3. (b) If veteran, name war No.

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28th
year 1946 hour 5.30 minute P M.

21. I hereby certify that I attended the deceased from 6/11/46 19 to 6/28/46 19;
that I last saw her alive on 6/28/46 19;
and that death occurred on the date and hour stated above.

4. Sex Female / 5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife George E. Geisler alive Deceased years

7. Birth date of deceased January 4th, 1891
(Month) (Day) (Year)

Immediate cause of death.....
Acute myocarditis

Due to Carcinoma of breast 50 2- yrs.

Due to.....

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

8. AGE: Years Months Days If less than one day
55 5 4 hr. min.

9. Birthplace St. Louis Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation Policewoman

Major findings:
Of operations.....

Of autopsy No autopsy

PHYSICIAN.....
Underline the cause to which death should be charged statistically.

11. Industry or business St. Louis Police Department

12. Name Peter Rose

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Henrietta Schwabel

15. Birthplace St. Louis Mo 0
(City, town, or county) (State or foreign country)

16. (a) Informant Katherine Korte

(b) Address 3835 South Spring Ave

17. (a) Burial (b) Date thereof 7/1/46
(Burial, cremation, or removal) (Month) (Day) (Year)

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

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 Robert J. Ambruster, Inc.
(b) Address 6633 Clayton Road

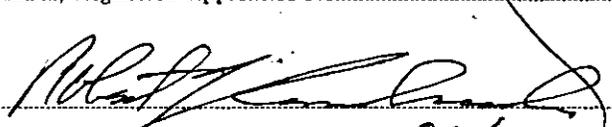
19. (a) Jul 1 1946 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

23. Signature Slow (Specify type of place) (e) Means of injury 0
Address Metropolitan Bldg Date signed 7/1/46

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..... 

Licensed Embalmer No..... 1994

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.