

No. 2
-12-45
-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16548

State File No.

FILED JUN 2 1947

Registration District No. 122

Primary Registration District No. 1000

Registrar's No. 687

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Wayne Private Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
In this community 48 years.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan //
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 716 N. 6th Street
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26
year 1947 hour 9 minute 00 A. M.
21. I hereby certify that I attended the deceased from May 15
1947 to May 26 1947
that I last saw him alive on May 25 1947
and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral hemorrhage 2 days
Due to chronic hypertension
senility
Due to amputation 6 wks.
Other conditions fracture of femur
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME William Geiger

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

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

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

7. Birth date of deceased May 20 1876
(Month) (Day) (Year)

8. AGE: Years 71 Months 0 Days 6 If less than one day hr. min.

9. Birthplace Brooklyn New York
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Union Terminal R.R.

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Thelma King

(b) Address 1623 1/2 Frederick Ave. St. Joseph, Mo.

17. (a) Burial (b) Date thereof May 28, 1947.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Mora Cemetery

18. (a) Signature of funeral director Walter Muenchhoff

(b) Address 1946 Colhoun St. St. Joseph, Mo.

19. (a) 5-29-47 (b) E. B. Jenkins
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(c) Accident, suicide, or homicide (specify) accident - burn
(b) Date of occurrence 4/15/47
(c) Where did injury occur? 401 1/2 E. St. Joseph, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? No (Specify type of place) (e) Means of injury burn
23. Signature Wm. J. ... (M. D. or other)
Address ... Date signed 5/27/47

(Licensed Embalmer's Statement on Reverse Side) St. Joseph, Mo.

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

MOTHER FATHER

9UN 23 1948

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.....

..... George Wingbermuehle, Registered Apprentice No. 508 Missouri
working under my personal supervision.

Signed Elbert E. Harrington
.....
Licensed Embalmer No. 5258 Missouri

P. O. Address St. Joseph, Mo.

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.