V. S. No. 2
50M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 13 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22242

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6402

WRITE PLAINLY—USING 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: 5771 a McPherson
(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 Colorado (b) County 997

(c) City or town Denver 5
(If outside city or town limits, write "RURAL")

(d) Street No. 1050 Sherman 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME Mae Donna Geisel

3. (b) If veteran, name war no

3. (c) Social Security No. None

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife

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

7. Birth date of deceased March (Month) 26 (Day) 1873 (Year)

8. AGE: Years ~~75~~ 74 Months 3 Days 8 If less than one day hr. min.

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

10. Usual occupation Millinary buyer

11. Industry or business retired

FATHER
12. Name Siegfred H. Geisel
13. Birthplace St. Louis (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Henrietta Probst
15. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Dorothy A. Geisel
(b) Address 5771 a McPherson

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7 - 7 -47 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director A. Krow F & U. Co.
(b) Address 2707 N. Grand Blv'd

19. (a) JUL 6 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4 year 1947 hour 11 minute 15 a M.

21. I hereby certify that I attended the deceased from Mar 10, 1930 to Feb 7, 1942 that I last saw her alive on Feb, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration: 30 min

PHYSICIAN
Underline the cause of 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 Chas L Eyerman (M. D. or other)

Address 634 N. Grand Date signed 7/8/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Stanley H. Dixon

Licensed Embalmer No. 4193

P. O. Address St. Louis

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.