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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED SEP 18 1947**

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

State File No. **32529**  
Registrar's No. **8467**

Registration District No. **318** Primary Registration District No. **1003**

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

**1. PLACE OF DEATH:**

(a) County **St. Louis**  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Barnes Hospital**  
(If not in hospital or institution, write street number & location)  
(d) Length of stay: In hospital or institution **3 days**  
(Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Illinois** (b) County **Madison**  
(c) City or town **Alton**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **610 N.R. E. FIFTH**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Lester Charles Geltz**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **341-09-8629**

4. Sex **M** 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 **September 22 1898**  
(Month) (Day) (Year)

8. AGE: Years **48** Months **11** Days **12** If less than one day hr. min.

9. Birthplace **Pittsburgh Pennsylvania**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Purchasing Agent**

11. Industry or business **Standard Oil Co.**

MOTHER FATHER

12. Name **Charles Geltz**

13. Birthplace **Pittsburgh Pennsylvania**  
(City, town, or county) (State or foreign country)

14. Maiden name **Kathryn Lindsay**

15. Birthplace **Pittsburgh Pennsylvania**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Roy Geltz**

(b) Address **Alton, Ill.**

17. (a) **Removal** (Burial, cremation, or removal) (b) Date thereof **9-5-47**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Alton, Ill.**

18. (a) Signature of funeral director **Albert H. Horpe**  
**4700 Washington Blvd.**

(b) **SEP 5 1947** (Date received local registrar) (c) **J. F. Budeck** (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **Sept** day **4** year **1947** hour **7** minute **35 P.M.**

21. I hereby certify that I attended the deceased from **Sept. 1 1947** to **Sept. 4 1947**; that I last saw him alive on **Sept. 4 1947**; and that death occurred on the date and hour stated above.

Immediate cause of death **Respiratory Depression**

Due to **Infection + hypalbuminemia**

Due to **Anemia - hypoplastic, with Agranulocytosis - Thrombocytopenia**

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

Major findings: Of operations **0** Of autopsy **As above**

Duration  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **J. R. Bradley** (M. D. or vet.)  
Address **Barnes Hospital** Date signed **9-5-47**

**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.....

*Ernest W. Hillars*  
.....  
Licensed Embalmer No. 4080

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.**