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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED NOV 7 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35746

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9950

1. PLACE OF DEATH:

(a) County St. Louis Mo  
(b) City or town St. Louis Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Massachusetts Pacific  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)

3. (a) PRINT FULL NAME HENRY GEOFFRAY

3. (b) If veteran, name war — 3. (c) Social Security No. —

4. Sex M O 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Frances Vollmer 6. (c) Age of husband or wife if alive — years  
7. Birth date of deceased April 18 1883  
(Month) (Day) (Year)

8. AGE: Years 64 Months 6 Days 9 If less than one day hr. min.

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

10. Usual occupation Unknown

11. Industry or business 9

12. Name —

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

14. Maiden name —  
15. Birthplace —  
(City, town, or county) (State or foreign country)

16. (a) Informant Clare Hoecker

(b) Address 11 Belleville - Ill  
17. (a) Removal (b) Date thereof 10-1-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Calvary Cemetery, Missouri, Ill.

18. (a) Signature of funeral director J. F. Bredeck  
(b) Address Belleview Illinois

19. (a) OCT 28 1947 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair 999  
(c) City or town East St. Louis 11  
(If outside city or town limits, write "RURAL")  
(d) Street No. 577 No. 19th  
(If rural, give location)  
(e) Citizen of foreign country? NR- (Yes or No) 2  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 27  
year 1947 hour 11 minute 10 M.

21. I hereby certify that I attended the deceased from 2 19— to — 19—  
that I last saw h. — alive on —  
and that death occurred on the date and hour stated above

Immediate cause of death Portia Stenger  
Myocardial Infarction  
Due to Arteriosclerosis  
Other conditions 9/2  
(Include pregnancy within 3 months of death)

Major findings: —  
Of operations —  
Of autopsy —

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 3  
Signature Patricia E. Taylor (M. D. or other) —  
Address Deputy Coroner Date signed 10. 28 47

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

FEB 17 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.....

*Not Embalmed*

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Geo Renner*

Licensed Embalmer No. *2314*

P. O. Address *Belleville, Illinois*

**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.