No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 24 1948

Registration District No. 377

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3068

State File No. 7280

Registrar's No. 369

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

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town Maplewood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Maplewood Nursing Home. 4
(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 St Louis 96
(c) City or town Webster Groves 7
(If outside city or town limits, write "RURAL")
(d) Street No. 502 Garden. 4
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Herman Joseph Geers
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male. 6
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Cora A
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased Feb (Month) 24 (Day) 1870 (Year)

8. AGE: Years 77 Months 11 Days 13 If less than one day ..... hr. ..... min.

9. Birthplace St Louis (City, town, or county) Mo (State or foreign country)
10. Usual occupation Groceryman.
11. Industry or business .....
FATHER
12. Name Herman J Geers.
13. Birthplace ..... (City, town, or county) Germany 4 (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace ..... (City, town, or county) Germany 4 (State or foreign country)
16. (a) Informant Cora Geers
(b) Address 502 Garden Webster Groves Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-10-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of Funeral Director Rowland Mortuary Service
(b) Address 4104 Manchester
19. (a) 2-7-48 (Date received local registrar) (b) Beal A J Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 7
year 1948 hour 845 minute A M.

21. I hereby certify that I attended the deceased from Dec 13, 1943, to Feb 7, 1948 that I last saw him alive on 2-7-48, 19..., and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	36 hrs.
Due to Caradovascular disease (Hypertension)	5 yrs
Due to Senialty	
Other conditions (Include pregnancy within 3 months of death) 93d	

Major findings:
Of operations .....
Of autopsy .....

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 Arthur W Westrup (M. D. ~~or other~~) 0
Address 204 E Big Bend Rd Date signed 2-8-48

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 Ronald Yabke

Licensed Embalmer No. 3917

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.