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FEDERAL BUREAU OF INVESTIGATION
 National Office of Vital Statistics
FILED APR 30 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
 1003

14106
 State File No. 3621
 Registrar's No.

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

1. PLACE OF DEATH:
 (a) County _____
 (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:
City Hospital
(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 _____ (b) County St. Louis
 (c) City or town St. Louis 170
(If outside city or town limits, write "RURAL")
 (d) Street No. 310 Espanchied
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Joseph Geislinger
 3. (b) If veteran, name war None
 3. (c) Social Security No. 497-03-0492
 4. Sex M 5. Color or race W
 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife None
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased March 21 1885
(Month) (Day) (Year)

8. AGE:
 Years 63 Months 0 Days 24
 If less than one day _____ hr. _____ min.

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

10. Usual occupation Carpenter

11. Industry or business _____

12. Name Adam Geislinger 4

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

14. Maiden name Julia Schmidt 4

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

16. (a) Informant Frank Geislinger

(b) Address 8327 Strathmore Place

17. (a) Burial (b) Date thereof 4 19 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem

18. (a) Signature of funeral director Edward Koch + Son

(b) Address 3476 North 14th

19. (a) APR 16 1948 (b) J. F. Bronck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 15
 year 1948 hour 10 minute NA M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Coronary Thrombosis
Overexertion
 Due to _____
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

Major findings:
 Of operations _____
 Of autopsy _____

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)
 Means of injury 3
 23. Signature Patrick E Taylor
 Address 1300 Clark
(Date signed) _____

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

MOTHER, FATHER

S.

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 A. Yabuke
Licensed Embalmer No. 13917
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.