

FILED JUL 22 1950

STANDARD CERTIFICATE OF DEATH

MISSOURI State File No. 24785  
REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6118

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) 15 <sup>th</sup> St. Louis 215-9	
d. FULL NAME OF HOSPITAL OR INSTITUTION Marion Hsoptial		d. STREET ADDRESS (If rural, give location) 4742 a So. Broadway	
3. NAME OF DECEASED (Type or Print) Michael		4. DATE OF DEATH (Month) (Day) (Year) July 16, 1950	
a. (First)		b. (Middle) C.	
c. (Last) Geimer, Jr.			
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1	8. DATE OF BIRTH Oct. 30, 1888
9. AGE (In years last birthday) 61		10. IF UNDER 1 YEAR Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY XXXXX	
11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Michael Geimer, Sr.		13b. MOTHER'S MAIDEN NAME Emma Wilhelm	
14. NAME OF HUSBAND OR WIFE Amelia Geimer			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. XXXXXX	
17. INFORMANT'S SIGNATURE OR NAME Amelia Geimer		ADDRESS 4742 a So. Broadway.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Interstitial Nephritis		INTERVAL BETWEEN ONSET AND DEATH 3 yrs	
ANTECEDENT CAUSES DUE TO (b) Diabetes Mellitus		1 yr.	
DUE TO (c) Cerebral hemorrhage		1 yr.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) X		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 260-X			
22. I hereby certify that I attended the deceased from 7-1-1949, to 7-16-1950, that I last saw the deceased alive on 7-15-1950, and that death occurred at 9 A m., from the causes and on the date stated above.			
23a. SIGNATURE Okey J. Jones		23b. ADDRESS 3616 S. Broadway.	
(Degree or title) M.D.		23c. DATE SIGNED 7-16-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 19, 1950	
24c. NAME OF CEMETERY OR CREMATORY Resurrection Cem.,		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. JUL 17 1950		REGISTRAR'S SIGNATURE J. B. Jansen	
25. FUNERAL DIRECTOR'S SIGNATURE Gracker-Heldule M. & L. Co.		ADDRESS 3634 Gravois	

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed.....

*Frank J. Gyland Sr.*

Licensed Embalmer No. ....

*2675*

P. O. Address.....

*St. Louis, Mo*

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.