

FILED OCT 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34820

State File No. 8371

1003

Registrar's No.

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 8371	
1. PLACE OF DEATH a. COUNTY b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2159			
d. FULL NAME OF HOSPITAL OR INSTITUTION 4418 Tennessee				d. STREET ADDRESS (If rural, give location) 4418 Tennessee			
3. NAME OF DECEASED (Type or Print) a. (First) Anna		b. (Middle)		c. (Last) Geers		4. DATE OF DEATH (Month) (Day) (Year) Oct. I 1950	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 29 1866	
9. AGE (In years last birthday) 84		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country). St. Louis Mo.	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME John Trefney		13b. MOTHER'S MAIDEN NAME Mary Dollar		14. NAME OF HUSBAND OR WIFE Anton Geers	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Anton Geers 4418 Tennessee			
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) <i>Myocardial Insufficiency</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) 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 type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>H/OX</i>			
22. I hereby certify that I attended the deceased from <i>Sept 29</i> , to <i>Oct 1</i> , 19 <i>50</i> , that I last saw the deceased alive on <i>Oct 1</i> , 19 <i>50</i> , and that death occurred at <i>8:10 P. m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>A. Paulson M.D.</i>				23b. ADDRESS <i>15042 Grand</i>		23c. DATE SIGNED <i>10/1/50</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-4-50		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		24d. LOCATION (City, town, or county) (State) St. Louis County	
DATE REC'D BY LOCAL REG. OCT 4 1950		REGISTRAR'S SIGNATURE <i>J. B. Lavater</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wm. Schumacher 3013 Meramec St.			

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

7112 1504

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Francis Williamson

Licensed Embalmer No. 3565

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.