

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **29096**

FILED SEP 15 1951

BIRTH NO. **65909-51** REG. DIST. NO. **237** PRIMARY REG. DIST. NO. **6076** Registrar's No. **3273**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Normandy		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ferguson	
c. LENGTH OF STAY (in this place) 7 hrs.		d. STREET ADDRESS (If rural, give location) 14 So. Clark	
d. FULL NAME OF HOSPITAL OR INSTITUTION Normandy Osteopathic Hosp.			

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Gregory c. (Last) Geske			4. DATE OF DEATH (Month) (Day) (Year) Sept. 5, 1951		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Sept. 5, 1951	9. AGE (in years last birthday) 7	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 14 HRS. Hours	IF UNDER 14 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None			11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.			

13a. FATHER'S NAME William C. Geske		13b. MOTHER'S MAIDEN NAME Doris M. Strobel		14. NAME OF HUSBAND OR WIFE none	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Wm. C. Geske		ADDRESS 14 So. Clark	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity		INTERVAL BETWEEN ONSET AND DEATH
	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. 774X		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Sept 5, 1951**, to **Sept 5, 1951**, that I last saw the deceased alive on **Sept 5, 1951**, and that death occurred at **3:10 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Martyn Richardson M.D. (Degree or title)	23b. ADDRESS 2335 Brown Road	23c. DATE SIGNED 9/6/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 7, 1951	24c. NAME OF CEMETERY OR CREMATORY Salem Lutheran Cem.	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri
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DATE REC'D BY LOCAL REG. 9-6-51	REGISTRAR'S SIGNATURE Herbert R. Danke MD	25. FUNERAL DIRECTOR'S SIGNATURE White Chapel, Ferguson, Missouri	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-45

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 *no Embalming*

Licensed Embalmer No.

P. O. Address

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.