FILED NOV 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35804

.S. No. 300
EV. 10.48

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 2002 Registrar's No. 3516

4006
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): University City
c. LENGTH OF STAY (in this place): YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 6615 Enright Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): University City 35 4356
d. STREET ADDRESS (If rural, give location): 6615 Enright Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): MAX
b. (Middle): M.
c. (Last): GEIGHER

4. DATE OF DEATH (Month) (Day) (Year): Oct. 27, 1951

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: June 22, ~~1873~~ 1876
9. AGE (In years last birthday): ~~78~~ 75
IF UNDER 1 YEAR: Months 4 Days 5
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Vice Pres.-Central
10b. KIND OF BUSINESS OR INDUSTRY: Pipe & Supply
11. BIRTHPLACE (State or foreign country): Romania 6
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: FRANCES GEIGHER

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 ADDRESS: MRS. M. M. GEIGHER-6615 ENRIGHT

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Senility; generalized arterio sclerosis.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Myocarditis (chronic).
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
4221
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No
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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/24/51, 19__, *to* 10/27/51, 19__, *that I last saw the deceased alive on* 10/27/51, 19__, *and that death occurred at* 3:50A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): P. D. Stahl M.D.
23b. ADDRESS: 462 N. Taylor Ave.
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: 10/28/51
24c. NAME OF CEMETERY OR CREMATORY: Mt. Olive Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis County, Mo.

DATE REC'D BY LOCAL REG.: 10-27-51
REGISTRAR'S SIGNATURE: Herbert P. Domke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Herman Rinda Kopf Inc. 5216 Delmar

(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 _____

_____, Student Embalmer No. _____

working under my personal supervision.

Student .....
Student Embalmer

Signed Peter B. Dubrouillet

Licensed Embalmer No. 269

P. O. Address Richard Hight 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
~~County~~ City of St. Louis }

State File No. 35804

Local Registrar's No.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 4th day of November, 1951, before me appears Herman Rindskopf, who, upon his oath, states that the original record of ~~birth~~ death for Max M. Geigher, died ~~born~~ October 27, 1951, in the State of Missouri, and which was filed at St Louis County on Oct. 27, 1951, should be corrected as follows:

Item No. 8 should read June 22, 1876

Instead of June 22, 1873

Item No. 9 should read 75 yrs. 4 Mo. 5 Days

Instead of 78 yrs. 4 Mo 5 Days

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Herman Rindskopf Fun'l. Dir.
Relationship.

5216 Delmar Blvd.
Present Address.

Subscribed and sworn to before me this 4th day of November, 1951

My Commission expires May 13, 1952 Norman S. Roth Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

m V. S. 135
M—8-43
I X37817