

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

9977

State File No.

No. 300
10-48

APR 12 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2718**

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 township) OR TOWN: ST. LOUIS MO		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: ST. LOUIS 224.9	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 3172 NEBRASKA		d. STREET ADDRESS (If rural, give location): 3172 NEBRASKA	

3. NAME OF DECEASED (Type or Print), WILLIAM GEISEL			4. DATE OF DEATH (Month) (Day) (Year) MAR. 21 1952		
a. (First)		b. (Middle)		c. (Last)	

5. SEX: MALE	6. COLOR OR RACE: WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED	8. DATE OF BIRTH: JUNE 20 1870	9. AGE (In years last birthday): 81	10. IF UNDER 1 YEAR: Months	11. IF UNDER 24 HRS: Hours	12. IF UNDER 1 MIN: Mins.
---------------------	--------------------------------	------------------------------------------------------------------------	---------------------------------------	--------------------------------------------	-----------------------------	----------------------------	---------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE	10b. KIND OF BUSINESS OR INDUSTRY: NONE	11. BIRTHPLACE (State or foreign country): GERMANY	12. CITIZEN OF WHAT COUNTRY? 4
----------------------------------------------------------------------------------------------------------	------------------------------------------------	-----------------------------------------------------------	---------------------------------------

13a. FATHER'S NAME: WILLIAM GEISEL	13b. MOTHER'S MAIDEN NAME: UNKNOWN	14. NAME OF HUSBAND OR WIFE: ANNA GEISEL
-------------------------------------------	-------------------------------------------	-------------------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.: NONE	17. INFORMANT'S SIGNATURE OR NAME: ANNA GEISEL	ADDRESS: 3172 NEBRASKA
-------------------------------------------------------------------	--------------------------------------	-------------------------------------------------------	-------------------------------

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mesenteric Thrombosis		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerosis		
	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 checked="" 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) (m):	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR: H300
------------------------------------------------------	--------------------------------------------------------------------------------------------------------	----------------------------------------

22. I hereby certify that I attended the deceased from **3-20-1952**, to **3-21-1952**, that I last saw the deceased alive on **3-21-1952** and that death occurred at **2 P.M.** from the causes and on the date stated above.

23a. SIGNATURE: Joseph P. Kainy M.D.	23b. ADDRESS: FRISCO BLDG.	23c. DATE SIGNED: 3-22-52
---------------------------------------------	-----------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL OF BODY: REMOVAL	24b. DATE: MAR 24 1952	24c. NAME OF CEMETERY OR CREMATORY: SUNSET BURIAL PK	24d. LOCATION (City, town, or county) (State): ST. LOUIS MO
---------------------------------------------------------	-------------------------------	-------------------------------------------------------------	--------------------------------------------------------------------

DATE REC'D BY LOCAL REG.: MAR 22 1952	REGISTRAR'S SIGNATURE: J. Earl Smith MO	25. FUNERAL DIRECTOR'S SIGNATURE: Thomas Kutis 2906 Harris
----------------------------------------------	------------------------------------------------	-------------------------------------------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

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 James C. Hill

Licensed Embalmer No. 4347

P. O. Address 2906 Jarvis

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.