No. 300
10-48

FILED JUN 27 1952

STANDARD CERTIFICATE OF DEATH

State File No. 23110

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1533

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural 1 Airport Township
c. LENGTH OF STAY (in this place) 12 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) JEWISH SANATORIUM

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
d. STREET ADDRESS (If rural, give location) 1437 Blackstone

3. NAME OF DECEASED (Type or Print) a. (First) BRANA b. (Middle) c. (Last) GELLER

4. DATE OF DEATH (Month) June (Day) 11 (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH ~~Unknown~~ DEC. 15 1891
9. AGE (In years last birthday) ~~Abt. 70~~ IF UNDER 1 YEAR Months Days 60 YEARS IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Russia
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Unknown
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Louis Geller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. no
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Louis Geller-1437 Blackstone

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) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH 8 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Rheumatoid arthritis — 15 years
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 7220
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October 17, 1950, to June 11, 1952, that I last saw the deceased alive on June 10, 1952 and that death occurred at 12:55 A.M., from the causes and on the date stated above.

23a. SIGNATURE Selig Santon M.D. (Degree or title)
23b. ADDRESS Jewish Sanatorium Fee Fee Road, Robertson, Mo.
23c. DATE SIGNED June 11 52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 6/11/52
24c. NAME OF CEMETERY OR CREMATORY Chevra Kadisha Cem.
24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

DATE REC'D BY LOCAL REG. 6-11-52
REGISTRAR'S SIGNATURE Herbert P. Donke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE Herman Rudolph Inc. ADDRESS 5216 Delmar

(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 ..... Signed .....
Student Embalmer

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
City of St. Louis

State File No. 23110-52

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No.

On this 20th day of June, 1952, before me appears ....., who, upon ..... oath, states that the original record of death for Brana Geller, died June 11, 1952, in the State of Missouri, and which was filed at St. Louis County, Mo. on June 11, 1952, should be corrected as follows:

Item No. 8 should read December 15, 1891
Instead of Unknown

Item No. 9 should read 60 years, 5 months, 27 days
Instead of About 70

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 X Yetta Shenberg
Sister
Relationship.

6408 Cater
Present Address.

Subscribed and sworn to before me this 20th day of June, 1952

My Commission expires July 18/53

Jacob M. Alvarez
Notary Public.

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

V. S. 135
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