

No. 300
10-50

AUG 15 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30307

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 311 PRIMARY REG. DIST. NO. 247 Registrar's No. 2139

1. PLACE OF DEATH a. COUNTY <u>ST LOUIS COUNTY</u> b. CITY OR TOWN <u>RICHMOND HEIGHTS</u> c. LENGTH OF STAY (in this place) <u>6 1/2 hours</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST MARY'S HOSPITAL</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>ST LOUIS</u> c. CITY OR TOWN <u>MAPLEWOOD MO</u> d. STREET ADDRESS (If rural, give location) <u>7512 RAINNELL</u>	
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3. NAME OF DECEASED (Type or Print) <u>EMMA</u> a. (First) <u>EMMA</u> b. (Middle) <u>GEISLER</u> c. (Last) <u>GEISLER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8 10 1952</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>NOV 9</u>
9. AGE (in years last birthday) <u>76</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>ST LOUIS MO</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>SCHALL</u>	13b. MOTHER'S MAIDEN NAME <u>NOT KNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>OSWALD GEISLER</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>OSWALD GEISLER</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Cerebral Haemorrhage.</u> *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) <u>Cerebral Haemorrhage.</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>with right and left Haemoplegiae.</u> DUE TO (c) <u>331X</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8/9/52 p.m.</u>
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				

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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/10, 1952 to 8/10, 1952, that I last saw the deceased alive on 8/10, 1952, and that death occurred at 7:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	23b. ADDRESS <u>634 North Grand</u>	23c. DATE SIGNED <u>8/12/52</u>
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24a. BURIAL OR CREMATION (Removal of body)	24b. DATE <u>Aug 14 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST PETER PAUL</u>	24d. LOCATION (City, town, or county) (State) <u>ST LOUIS MO</u>
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DATE REC'D BY LOCAL REG. <u>8-12-52</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>7146 Manchester</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 M. W. Ruter

Licensed Embalmer No. 4865

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.