

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43432

State File No.

FILED DEC 24 1952

318

1003

Registrar's No. 11096

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No.			
1. PLACE OF DEATH a. COUNTY <u>C</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>ILLINOIS</u>				b. COUNTY <u>ST CLAIR</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>ST LOUIS</u>		c. LENGTH OF STAY (In this place) <u>2 WKS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>8120</u>		d. STREET ADDRESS (If rural, give location) <u>NEW MEMPHIS 8</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3728 OREGON</u>				3. NAME OF DECEASED a. (First) <u>GOTTFRIED</u>				b. (Middle) <u>J.</u>	
				c. (Last) <u>GEIGER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 2 1952</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>JUNE 9 1894</u>			
9. AGE (In years last birthday) <u>78</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MOULDER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RETIRED</u>		11. BIRTHPLACE (State or foreign country) <u>ILLINOIS</u>			
11. BIRTHPLACE (State or foreign country) <u>ILLINOIS</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>		13a. FATHER'S NAME <u>JOHN GEIGER</u>		13b. MOTHER'S MAIDEN NAME <u>LINA SAHLENDER</u>			
14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Elmer Rehg</u>			
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Elmer Rehg</u>		ADDRESS <u>3728 Oregon St. St. Louis Mo.</u>		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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension & C.R.S. Syndrome</u>		DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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? <u>442X</u>					
22. I hereby certify that I attended the deceased from <u>Nov 23, 1952</u> to <u>Dec 2, 1952</u> , that I last saw the deceased alive on <u>Nov 29, 1952</u> and that death occurred at <u>12:10 AM</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>[Signature]</u>				23b. ADDRESS <u>2800A Chippewa</u>		23c. DATE SIGNED <u>12/2/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVALS</u>		24b. DATE <u>Dec 2, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Belleville, Illinois</u>			
DATE REC'D BY LOCAL REG. <u>DEC 2 1952</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Belleville Ills.</u>			

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 _____

not embalmed.

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *G. Penner*

Licensed Embalmer No. *2314*

P. O. Address *Belleville Ills*

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.