U.S. No. 300
REV. 10-48

FILED JAN 11 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44669

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 3324

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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) Richmond Heights
c. LENGTH OF STAY (in this place) 9 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Mary's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Illinois
b. COUNTY Calhoun
c. CITY OR TOWN Golden Eagle
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location) 8120 8

3. NAME OF DECEASED (Type or Print)
a. (First) Emma
b. (Middle) M.
c. (Last) Geisler

4. DATE OF DEATH (Month) (Day) (Year) Dec. 25, 1953.

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married.
8. DATE OF BIRTH July 13 1897
9. AGE (In years last birthday) 56 — IF UNDER 1 YEAR Months / Days — IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY At Home
11. BIRTHPLACE (City and State or Foreign Country) Golden Eagle, Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Charles Seiferman
13b. MOTHER'S MAIDEN NAME Elizabeth Poppe
14. NAME OF HUSBAND OR WIFE Henry Geisler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) Nil
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Henry Geisler, Golden Eagle, Illinois ADDRESS

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

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cerebral Thrombosis	12-15-53
ANTECEDENT CAUSES	General Attero-sclerosis	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Thrombosis of Superior Mesenteric artery, etc.	12-20-53
DUE TO (c)	Thrombosis of right lower main	
II. OTHER SIGNIFICANT CONDITIONS	Pulmonary Bronchus	12-25-53
Conditions contributing to the death but not related to the disease or condition causing death.	Broncho-Pneumonia	12-25-53

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 332 X
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* 12-16- *, 19* 53 *, to* 12-25- *, 19* 53 *, that I last saw the deceased alive on* 12-25- *, 19* 53 *, and that death occurred at* 10:00 *m., from the causes and on the date stated above.* A.M.

23a. SIGNATURE (Degree or title) J. P. Wade M.D.
23b. ADDRESS 634 N. Grand Ave.
23c. DATE SIGNED 12-26-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 12-26-53
24c. NAME OF CEMETERY OR CREMATORY Local
24d. LOCATION (City, town, or county) (State) Brussels, Illinois.

DATE REC'D BY LOCAL REG. 12/28/53
REGISTRAR'S SIGNATURE Herbert B. Somke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe
ADDRESS 4700 Washington.

(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 embaln

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. G. W. Wilkinson

Licensed Embalmer No. 357

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.