

FILED AUG 2 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24561**
Registrar's No. **6791**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 6791	
1. PLACE OF DEATH a. COUNTY St. Louis				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		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Pac. Hosp. - St. Louis				e. STREET ADDRESS (If rural, give location) 4137 Magnolia 2179			
3. NAME OF DECEASED (Type or Print) a. (First) Marie		b. (Middle) M.		c. (Last) Geil		4. DATE OF DEATH (Month) (Day) (Year) July 21 1954	
5. SEX F		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept. 10, 1916	
9. AGE (In years last birthday) 37		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 22 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) COLLINSVILLE, ILL.		12. CITIZEN OF WHAT COUNTRY? _____
13a. FATHER'S NAME VINCENT MURAWSKI			13b. MOTHER'S MAIDEN NAME MARY NYBAK		14. NAME OF HUSBAND OR WIFE RAY E. GEIL		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS RAY E. GEIL 4137 MAGNOLIA AVE			
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) Generalized Carcinomatosis INTERVAL BETWEEN ONSET AND DEATH Several months ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of Breast 5 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 _____				20. AUTOPSY? YES <input checked="" 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) 170X			
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 July 13, 1954 , to July 21, 1954 , that I last saw the deceased alive on July 21, 1954 , and that death occurred at 8:05 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE Benjamin H. Charles, M.D. (Degree or title)				23b. ADDRESS Mo. Pac. Hosp. - St. Louis		23c. DATE SIGNED July 22, 1954	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE JULY 26, 1954		24c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY		24d. LOCATION (City, town, or county) (State) JEFF. BKS. MO.	
DATE REC'D BY LOCAL REG. JUL 22 1954		REGISTRAR'S SIGNATURE Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS MAX RIEGSHAUSER 4228 SKINGS HIGHWAY			

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.....
Signature of Student Embalmer

Signed *Richard W. Stovesan*

Licensed Embalmer No. *400*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.