

FILED AUG 2 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23766

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6246

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY					
b. CITY (If outside corporate limits, write RURAL, and give town) 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 6443 Smiley Ave.				e. STREET ADDRESS (If rural, give location) 3 6443 Smiley Ave.					
3. NAME OF DECEASED (Type or Print) a. (First) EDWARD			b. (Middle) E.		c. (Last) GEGER		4. DATE OF DEATH (Month) (Day) (Year) July 17 1955		
5. SEX Male <input type="checkbox"/>		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov. 18, 1891		9. AGE (In years last birthday) 63 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) Printer (Retired)			10b. KIND OF BUSINESS OR INDUSTRY Bemis Bros. Drug Co.		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. <input type="checkbox"/>			12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Charles Geger			13b. MOTHER'S MAIDEN NAME Bertha Lenhardt			14. NAME OF HUSBAND OR WIFE Ruth Geger			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No / (If yes, give war or dates of service) None			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ruth Geger 6443 Smiley 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) Acute Coronary Thrombosis  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Coronary thrombosis & Myocardial Infarction				INTERVAL BETWEEN ONSET AND DEATH 2 HOUR          9 months	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4200						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) m.		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 June 28, 1955, to July 17, 1955, that I last saw the deceased alive on July 6, 1955, and that death occurred at 1:40A m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) M. D.				23b. ADDRESS 2813 Watson Blvd., St. Louis				23c. DATE SIGNED 7-18-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE July 20, 1955		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.			
DATE REC'D BY LOCAL REG. JUL 19 1955		REGISTRAR'S SIGNATURE J. Carl Smith Mo			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl.				

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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.....  
Signature of Student Embalmer

Signed *Richard W. Storrs*.....

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.