

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34768**  
**9467**  
Registrar's No.

FILED NOV 15 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

<b>1. PLACE OF DEATH</b> a. COUNTY _____  b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>St. Louis</b> ) c. LENGTH OF STAY (In this place) <b>DOA</b> d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Christian Hospital</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____ c. CITY OR TOWN <b>St. Louis</b> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <b>4218 Dressell Avenue</b>	
<b>3. NAME OF DECEASED</b> (Type or Print) <b>Edna M. Geisler</b> a. (First) <b>Edna</b> b. (Middle) <b>M.</b> c. (Last) <b>Geisler</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>10 - 28 - 1955</b>	
<b>5. SEX</b> <b>Fem</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>Single</b>	<b>8. DATE OF BIRTH</b> <b>11 - 20 - 1907</b>
<b>9. AGE</b> (In years last birthday) <b>47</b> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 12 HRS: Hours _____ Min. _____		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>St. Louis, Missouri</b>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work denigrating most of working life, even if retired) <b>Telephone Operator So. West. Bell</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>	
<b>13a. FATHER'S NAME</b> <b>E. Herman Geisler</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Louisa Buettemeier</b>	
<b>14. NAME OF HUSBAND OR WIFE</b> _____		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
<b>16. SOCIAL SECURITY NO.</b> <b>488-03-6400</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Miss Selma Geisler</b>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Arteriosclerotic heart disease</b> <b>Sub-arachnoid hemorrhage</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>420.0</b>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>21. ADDRESS</b> <b>5074 N. Union</b>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____		<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____	
<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b> _____	
<b>22. I hereby certify that I attended the deceased from</b> <b>1950</b> , 19____, to <b>Oct. 28</b> , 19 <b>55</b> , that I last saw the deceased alive on <b>10-21-55</b> , and that death occurred at <b>3:15 P.m.</b> , from the causes and on the date stated above.			
<b>23a. SIGNATURE</b> <i>H. Klein</i>		<b>23b. DATE SIGNED</b> <b>10-31-55</b>	
<b>23c. ADDRESS</b> <b>5074 N. Union</b>		<b>23d. NAME OF CEMETERY OR CREMATORY</b> <b>Laurel Hill Gardens</b>	
<b>23e. LOCATION</b> (City, town, or county) (State) <b>St. Louis County Mo.</b>		<b>23f. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE</b> <b>OCT 31 1955</b> <b>J. Carl Smith M.D.</b>	
<b>23g. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Drehmann-Harral</b>		<b>23h. ADDRESS</b> <b>1905 Union Blvd.</b>	

Dr. Harry A. Klein 10:30 - 5 Mon  
5074 N. Union Blvd.

**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 *Warren A. Carver*.....

Licensed Embalmer No. *35*.....

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.