

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24971

FILED JUL 20 1956

318

1003

State File No.

Registrar's No. 6085

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. 6085	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS Mo.</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>ST. LOUIS</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MARIAN HOSPITAL</u>				e. STREET ADDRESS (If rural, give location) <u>23 1307 - MERCHANTS ST.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MALVINA</u> b. (Middle) _____ c. (Last) <u>GEISER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 26 1956</u>				
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>MARRIED</u>		8. DATE OF BIRTH <u>JAN 1 1890</u>	
9. AGE (In years last birthday) <u>66</u>		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>House work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>AUSTRIA HUNGARY</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U-S-A</u>		13a. FATHER'S NAME <u>NICK TOROK</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>JOHN Geiser</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>JOHN Geiser 1307³ MERCHANTS</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Penetrating Peptic ulcer</u> 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. <u>Remembrance for ulcer</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>54.00</u>				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 <u>June 16, 1956</u> to <u>June 26, 1956</u> , that I last saw the deceased alive on <u>June 24, 1956</u> , and that death occurred at <u>11:50 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>H. J. MOORE M.D.</u> (Degree or title)				23b. ADDRESS <u>917-8018</u>		23c. DATE SIGNED <u>6-27-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JUNE 28 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS Mo</u>	
DATE REC'D BY LOCAL REG. <u>JUN 27 1956</u>		REGISTRAR'S SIGNATURE <u>Carl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thomas Kute 2906 Gravois</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, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Lea J. Burdette*.....
Licensed Embalmer No. *398*.....
P. O. Address *St. Louis, Mo.*.....

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.