

All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35532  
STATE FILE NUMBER

FILED NOV 16 1956

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **9232**

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY			
b. CITY (if outside corporate limits, give TOWNSHIP only) OR ST. LOUIS			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN ST LOUIS,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital or institution) HOSPITAL OR INSTITUTION LITTLE SISTERS OF THE POOR			Length of stay in 1b 2 1/2 MO. 8/10/56	d. STREET ADDRESS 4337 LEE AVE		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First JOSEPH Middle BERNARD Last GEERS				4. DATE OF DEATH Month OCT. 8, 1956 Day Year			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH OCT. 25, 1874		9. AGE (In years last birthday) 81	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CUSTODIAN		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) ST. LOUIS, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME HERMAN GEERS				14. MOTHER'S MAIDEN NAME CATHERINE FRINTRUP			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 489-16-7855a		17. INFORMANT Address HAZEL HADDAD 4540 a MORGANFORD			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Arterio-sclerotic heart disease</i>						INTERVAL BETWEEN ONSET AND DEATH <i>???</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) <i>420.0</i>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN (a), (b), and (c). <i>Acute Upper Respiratory Infection Since Sept 22, 1956</i>						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <i>Sept 22, 1956</i> to <i>Oct. 8, 1956</i> and last saw <i>her</i> <i>him</i> alive on <i>Oct 5, 1956</i> Death occurred at <i>10 PM</i> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Type or print) <i>Donald H. Howe MD</i>				22b. ADDRESS <i>2435 N. Grand Blvd</i>		22c. DATE SIGNED <i>10-9-56</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)		
BURIAL		<i>10-11-56</i>	CALVARY CEMETERY		ST. LOUIS MISSOURI		
24. FUNERAL DIRECTOR ADDRESS STROOT - CARROLL 4600 NATL BRIDGE				25. DATE RECD. BY LOCAL REG. OCT 10 1956		26. REGISTRAR'S SIGNATURE <i>Carl Smith MD</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 *M. W. Ruetex*.....

Licensed Embalmer No. *48*.....

P. O. Address *St. Louis*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.