

FILED NOV 26 1956

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **39409**
 Registrar's No. **9053**

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. 39409		Registrar's No. 9053		
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST LOUIS						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS		c. LENGTH OF STAY (In this place) 6 DAYS		c. CITY OR TOWN 4000 MEHLVILLE		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION ST ANTHONY HOSP.				e. STREET ADDRESS (If rural, give location) Rt 8-Box 485						
3. NAME OF DECEASED (Type or Print) a. (First) LOUIS			b. (Middle) JACOB			c. (Last) GEITZ			4. DATE OF DEATH (Month) (Day) (Year) OCT - 1 - 1956	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH SEPT-22 1895		9. AGE (In years last birthday) Months Days 61 0 10		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CANITOR			10b. KIND OF BUSINESS OR INDUSTRY PAPER CO INTERNATIONAL			11. BIRTHPLACE (City and State or Foreign Country) ST LOUIS CO, MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME CHRISTIAN GEITZ			13b. MOTHER'S MAIDEN NAME LENA			14. NAME OF HUSBAND OR WIFE CLARA GEITZ				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES W.W. NR 1			16. SOCIAL SECURITY NO. 490-14-5448		17. INFORMANT'S SIGNATURE OR NAME MR CLARA GEITZ				ADDRESS Rt 8-Box 485 MEHLVILLE MO	
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.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aspiration Pneumonia					INTERVAL BETWEEN ONSET AND DEATH 3 days	
				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. 6. Paralytic Ileus 11. Diabetes Mellitus					6 days ?	
19a. DATE OF OPERATION 9-28-56		19b. MAJOR FINDINGS OF OPERATION Paralytic Ileus								
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)		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 5-3-50 , 19___, to 10-1-56 , 19___, that I last saw the deceased alive on 10-1-56 , 19___, and that death occurred at 9:30 pm. , from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) [Signature]				23b. ADDRESS 7430 Virginia: St. Louis 11, Mo.			23c. DATE SIGNED 10-3-56			
24a. BURIAL, CREMATION, REMAINS (Specify)		24b. DATE OCT-4-1956		24c. NAME OF CEMETERY OR CREMATORY NATIONAL CEM.		24d. LOCATION (City, town, or county) (State) JEFF BRKS. MO.				
DATE REC'D BY LOCAL REG. OCT 3 1956		REGISTRAR'S SIGNATURE [Signature]			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS FEY FUNERAL HOME MEHLVILLE, MO					

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, ~~of~~, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Edward R. Sadwell*.....

Licensed Embalmer No. *40*.....

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

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.