FILED FEB 26 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

6209

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1504

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 TOWN ST. LOUIS — Inside Limits Yes ☑ No ☐	c. CITY OR TOWN ST. LOUIS Mo — Inside Limits Yes ☑ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 18 Park Lane Hosp — Length of stay in 1b 50 yrs	d. STREET ADDRESS (If outside, give location) 2/9 4236 Maryland — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First Edwin Middle L. Last Geigle		4. DATE OF DEATH Month 2 Day 12 Year 57	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH 8-4-1879
9. AGE (In years last birthday) 77	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) Night Clerk	10b. KIND OF BUSINESS OR INDUSTRY UNDERTAKING	11. BIRTHPLACE (City and state or country) Buffalo N.Y.	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Louis A Geigle		14. MOTHER'S MAIDEN NAME Ellen D Golz	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —	16. SOCIAL SECURITY NO. 498-09-0296	17. INFORMANT Lucille Geigle Address 4236 Maryland	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carrying accusion

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hemaphogia L Side

DUE TO (c) Called to see this man in Sent of Auto at Ferrar Chapel

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) I never attended this man. First call 2/12/57

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ None no no

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 420.1 same no injury

20c. TIME OF INJURY Hour a. m. Month, Day, Year none

This case was reported to City Corner

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ None

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) None

20f. CITY, TOWN, OR LOCATION COUNTY STATE

Died 1225 P.M. 2/12/57

21. I attended the deceased from 2-12-57 89 M 2-12-57 and last saw her/him alive on 2-12-57

Death occurred at 1225 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) M F Harmann M.D.	22b. ADDRESS 2739 N Grand St Louis 6 Mo	22c. DATE SIGNED 2/13/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 2-15-57	23c. NAME OF CEMETERY OR CREMATORY Memorial Park	23d. LOCATION (City, town, or county) (State) St. Louis Co Mo
24. FUNERAL DIRECTOR ADDRESS A. Kron Mud Co 2707 N Grand	25. DATE RECD. BY LOCAL REG. FEB 14 '57	26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. N.G.B.	

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 10. No symptoms will be accepted. Coroner cannot certify to a death due to natural causes. diseases in Part I must be casually related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Loron E. Percy

Licensed Embalmer No. 40

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.