

**CERTIFICATE OF DEATH—PHYSICIAN'S FORM  
UNDERTAKER'S  
CERTIFICATE AND RECORD OF DEATH**

REGISTERED NO. 24963DEPARTMENT OF HEALTH  
CITY OF CHICAGO

PERSONAL AND STATISTICAL PARTICULARS

1. FULL NAME Emil August Geis  
 2. (a) SEX M (b) COLOR Wt (c) SINGLE Married  
MARRIED WIDOWED DIVORCED (WRITE IN)  
 3. (a) BIRTHPLACE Chicago Ill. (b) DATE OF BIRTH March 20-1865  
(STATE OR COUNTRY)  
 4. AGE 46 YEARS 6 MONTHS 14 DAYS — HOURS  
(IF LESS THAN ONE DAY OLD)  
 5. DIED ON THE 4 DAY OF Oct 1911 AT ABOUT 2:30 P. M.  
 6. LAST OCCUPATION (a) Police officer  
(PROFESSION, TRADE OR KIND OF WORK) (INDUSTRY OR BUSINESS)  
 FROM THE YEAR (c) 1889 TO THE YEAR 1911  
 7. FORMER OCCUPATION (a) — (b) —  
 FROM THE YEAR (c) — TO THE YEAR —

10. (a) HOW LONG RESIDENT IN CITY life  
 11. HOW LONG IN STATE life  
 12. HOW LONG IN U. S. IF FOREIGN BORN life  
 13. (a) NAME OF FATHER Don't know  
 (b) BIRTHPLACE OF FATHER Germany  
(STATE OR COUNTRY)  
 14. (a) MAIDEN NAME OF MOTHER Don't know  
 (b) BIRTHPLACE OF MOTHER Germany  
(STATE OR COUNTRY)

The foregoing stated personal particulars are true to the best of my knowledge and belief:

8. (a) PLACE OF DEATH 3434 No. Marshfield (b) HOW LONG AT PLACE OF DEATH 2 yrs  
(STREET AND NO.)  
 9. (a) USUAL RESIDENCE 3434 No. Marshfield WARD 26  
 PLACE OF BURIAL St. Bonifacius  
 16. DATE OF BURIAL Oct 7-1911  
 HOUR 9 a. M.

15. (a) NAME OF INFORMANT Miss Emma Geis  
 ADDRESS 32834 Marshfield Dr

17. UNDERTAKER Wm Ellison LICENSE NO. 134  
 ADDRESS 750 North — TELEPHONE 2769

**PHYSICIAN'S CERTIFICATE OF CAUSE OF DEATH**

**I** Herby Geis **certify** THAT I ATTENDED DECEASED FROM March 1909 TO Oct 4 1911 THAT I LAST SAW him  
 ALIVE ON THE 3rd DAY OF October 1911 THAT he DIED ON THE DAY AND AT ABOUT THE HOUR STATED ABOVE.  
 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE CAUSE OF his DEATH WAS AS HEREUNDER WRITTEN.

(IF UNDER ONE YEAR OLD, STATE HOW FED)

| (a) CAUSE OF DEATH   | DURATION*<br>IN YEARS, MONTHS, DAYS<br>OR HOURS |
|--|---|
| <u> Pernicious Anaemia </u>  | <u> 2 months </u>                               |
| (b) CONTRIBUTORY (SECONDARY) <u> Chronic Articular Rheumatism </u> | <u> 3 years </u>                                |

\*Of each Cause according to the Clinical History.

Witness my hand THIS 4thDAY OF October 1911(SIGNATURE) G. W. SchneiderADDRESS 755 North Ave TELEPHONE Brooks 343

06195

FILED  
OCT 5 1911FILED  
1911