

18 JUN 8 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

18135
Do not use this space.

1. PLACE OF DEATH
 (a) County Buchanan Registration District No. 86
 (b) Township Washington Primary Registration District No. 5127 Registered No. 35
 (c) City St. Joseph, Mo. (d) Street No. R.F.D.#5 St. Joseph, Mo.
 (e) Length of residence in city or town where death occurred 56 yrs. 0 mos. 0 ds. (f) How long in U.S., if of foreign birth? 51 yrs. 0 mos. 0 ds.

2. PRINT FULL NAME Victor Geimer
 (a) Residence, No. 560 St. R.F.D.#5, St. Joseph, Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Pauline (Bucher) Geimer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 23, 1858

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>81</u>	<u>3</u>	<u>10</u>	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Bar - Tender.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 1918
 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Belgium

FATHER 13. NAME Unknown Geimer
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Belgium

MOTHER 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Belgium

17. INFORMANT Camille Geimer
 (ADDRESS) R.F.D.#5, St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Olivet Cent.
St. Joseph, Mo. DATE May 5, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H.O. Sidenfaden & Son
1802 Union Str. St. Joseph, Mo.

20. FILED May 4, 1939 Myrtle W. Harrison Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3, 1939

22. I HEREBY CERTIFY, That Victor deceased from May 3d, 1939, to May 3d, 1939, to May 3d, 1939.

I last saw him alive on May 3d, 1939. Death is said to have occurred on the date stated above, at 8:30 A.M.

The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis Date of onset 1930
Arterio sclerosis

Other contributory causes of importance: Arterio sclerosis

Name of operation None Date of None
 What test confirmed diagnosis? History Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? None Date of injury None
 Where did injury occur? None (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
 Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify None
 (Signed) B.W. Tadlock - Coroner, M. D.
King Hill Bldg.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 11,

Licensee File Number 39-667

Date Filed JUN 6 1939

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.....

Robert P. Clarkson

....., Registered Apprentice No. *****

working under my personal supervision.

Signed Robert P. Clarkson

Licensed Embalmer No. 4028.

P. O. Address 1802 Union Str. St. Jose

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 this body is not embalmed, above space should be left blank.