FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 25 1948

Registration District No. 42

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32047

Primary Registration District No. 1000

Registrar's No. 1098

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 17th & Cudmore (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 38 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: St. Joseph, Mo. (If outside city or town limits, write "RURAL")
(d) Street No.: 17th & Cudmore (If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Camille Geimer
3. (b) If veteran, name war: None
3. (c) Social Security No.: 487-05-1104
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Emily
6. (c) Age of husband or wife if alive: 66 years
7. Birth date of deceased: July 18, 1883 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
65	2	29	..... hr. ..... min.

9. Birthplace: Unknown (City, town, or county) Belgium (State or foreign country)
10. Usual occupation: Meat Grader
11. Industry or business: Swift & Co.
FATHER
12. Name: Joseph Geimer
13. Birthplace: Unknown (City, town, or county) Belgium (State or foreign country)
MOTHER
14. Maiden name: Linpack
15. Birthplace: Unknown (City, town, or county) Belgium (State or foreign country)
16. (a) Informant: Mrs. Emily Geimer
(b) Address: 17th & Cudmore
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10/20/1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Olivet Cemetery
18. (a) Signature of funeral director: Norman W. Schulte
(b) Address: 1802 Union, St. Joseph Mo.
19. (a) 10-21-48 (Date received local registrar) (b) E. L. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 17 year 1948 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 21, 1948, to Oct 17, 1948, that I last saw him alive on Oct 15, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of liver	6 mo
Due to: Secondary anemia	
Due to: Emaciation	3 mo
Other conditions (Include pregnancy within 3 months of death): Abnormal connection between stomach and colon.	

Major findings:
Of operations: —
Of autopsy: —

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature: E. J. Grant M.D. (M. D. or other)
Address: St. Joseph Mo. Date signed: 10.18.48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 24 1948

DEC 7 1948

NOV 23 1948

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~~.....

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

working under my personal supervision.

Signed.....Robert L Gaple

Licensed Embalmer No. 3308

P. O. Address St Joseph, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.