S. No. 300
v. 10.48

FILED SEP 22 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31731

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8056

1. PLACE OF DEATH
a. COUNTY ~~City~~
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (In this place) 3 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Missouri Baptist Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Illinois
b. COUNTY Montgomery
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Irving 8120
d. STREET ADDRESS (If rural, give location) ~~none~~ RR #2

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) c. (Last) Neisler

4. DATE OF DEATH (Month) (Day) (Year) Sept 11, 1951

5. SEX M. 0
6. COLOR OR RACE W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sept. 16, 1885
9. AGE (In years last birthday) ~~66~~ 65 — 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) Farming
10b. KIND OF BUSINESS OR INDUSTRY Own Farm
11. BIRTHPLACE (State or foreign country) Witt Twnsp, Montgomery Co. Ill.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Dan Neisler
13b. MOTHER'S MAIDEN NAME Ora Knodle
14. NAME OF HUSBAND OR WIFE Stella Neisler

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. None
17. INFORMANT'S SIGNATURE OR NAME Drexel Neisler, Irving, Ill. ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ~~Tumor of Rectum, Lymphosarcoma~~ — INTERVAL BETWEEN ONSET AND DEATH 6 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
a) Lymphosarcoma, abdominal
DUE TO (b) lymph nodes
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Obstruction of Bile duct

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 2001

22. *I hereby certify that I attended the deceased from* 21 Aug, 1951, *to* 10 Sept, 1951, *that I last saw the deceased alive on* 10 Sept, 1951, *and that death occurred at* 3:15 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE Eugene M. Brieker BRIEKER (Degree or title) MD
23b. ADDRESS 457 N. Kingshighway
23c. DATE SIGNED 11 Sept 51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial IN
24b. DATE Sept. 13, 1951
24c. NAME OF CEMETERY OR CREMATORY Woodside Cemetery
24d. LOCATION (City, town, or county) Montgomery Co. (State) Ill.

DATE REC'D BY LOCAL REG. SEP 11 1951
REGISTRAR'S SIGNATURE J. Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE Bass Funeral Home, Hillsboro, Ill. ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. E. M. Brieker
457 No.Kinghighway
3 to 430 PM.

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.....

.....,

working under my personal supervision. Student Embalmer No.....

NO EMBALMING HERE

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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, fact should be so stated above.