

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7054**

9.300
9.48

FILED FEB 20 1953

BIRTH NO. _____ REG. DIST. NO. **273** PRIMARY REG. DIST. NO. **3051** Registrar's No. **18**

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1. PLACE OF DEATH a. COUNTY Perry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY STE. Genevieve	
b. CITY (If outside corporate limits, write RURAL and give township) Perryville, Mo.		c. LENGTH OF STAY (in this place) 10 days	
c. CITY (If outside corporate limits, write RURAL and give township) STE. Genevieve		d. STREET ADDRESS (If rural, give location) Jefferson STREET	
d. FULL NAME OF HOSPITAL OR INSTITUTION Perry Co. Rest HOME			

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) L. c. (Last) Geiler			4. DATE OF DEATH (Month) (Day) (Year) Feb 7 1953		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	
8. DATE OF BIRTH Dec 4, 1874		9. AGE (In years last birthday) 78		10. IF UNDER 1 YEAR Months _____ Days _____	
11. IF UNDER 1 YEAR Hours _____ Min. _____		11. BIRTHPLACE (State or foreign, country) STE. Genevieve, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER		10b. KIND OF BUSINESS OR INDUSTRY Building			

13a. FATHER'S NAME Sebastian Geiler		13b. MOTHER'S MAIDEN NAME VICTORIA FALK		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) No (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Agnes Herzog - Ste. Genevieve Mo. ADDRESS _____	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b) mitral incompetency			
		DUE TO (c) Hypostatic pneumonia			2 day
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Jan-28, 1953**, to **Feb 7, 1953**, that I last saw the deceased alive on **Feb 7, 1953**, and that death occurred at **8:30p m.**, from the causes and on the date stated above.

23a. SIGNATURE Dr. W. D. ... (Degree or title) Do		23b. ADDRESS 334 No. Main, Perryville Mo.		23c. DATE SIGNED Feb-11-53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 2/10/53		24c. NAME OF CEMETERY OR CREMATORY Valle' Spring		24d. LOCATION (City, town, or county) (State) STE. Genevieve, Mo.	
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DATE REC'D BY LOCAL REG. Feb 11-53		REGISTRAR'S SIGNATURE Joe J. Goellner 250		25. FUNERAL DIRECTOR'S SIGNATURE Reed ... ADDRESS Genevieve Mo	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Alvin J. Eller*

Licensed Embalmer No. *4740*

P. O. Address *St. Genevieve, Mo.*

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.