

No. 300  
10-48

FILED MAY 7 1954

STANDARD CERTIFICATE OF DEATH

128880  
State File No. 52  
Registrar's No. 52

BIRTH NO. REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 5916

1. PLACE OF DEATH a. COUNTY Perry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Perry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Biehle, Mo.	c. LENGTH OF STAY (in this place) Life	c. CITY OR TOWN Biehle,	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) 0790	

3. NAME OF DECEASED (Type or Print) a. (First) Ewald b. (Middle) M. c. (Last) Geringer			4. DATE OF DEATH (Month) (Day) (Year) April 24, 1954		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 9, 1906	9. AGE (In years last birthday) 48	10. MONTHS 0	11. DAYS 0	12. HOURS 0	13. MIN. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Perry County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME August Geringer		13b. MOTHER'S MAIDEN NAME Emma Ernst		14. NAME OF HUSBAND OR WIFE Edna Geringer	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Edna Geringer		ADDRESS Biehle, Mo.	
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma, Pulmonary, lob</i>			INTERVAL BETWEEN ONSET AND DEATH 9-12 Mo.	
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				
	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 163 X		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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 1-24, 1954 to 4-24, 1954, that I last saw the deceased alive on 4-24, 1954 and that death occurred at 7:30 p.m. from the causes and on the date stated above.

23a. SIGNATURE <i>J. J. Zuelch</i>	(Degree or title) M.D.	23b. ADDRESS Perryville, Mo.	23c. DATE SIGNED 4-26-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 27, 1954	24c. NAME OF CEMETERY OR CREMATORY Catholic Cemtery	24d. LOCATION (City, town, or county) (State) Biehle, Mo.
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DATE REC'D BY LOCAL REG. 4-27-54	REGISTRAR'S SIGNATURE <i>J. J. Zuelch</i>	25. FUNERAL DIRECTOR'S SIGNATURE 250- <i>Young &amp; Sons</i>	ADDRESS Perryville Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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 .....  
Signature of Student Embalmer

Signed *Edward C. Young* .....

Licensed Embalmer No. *2134* .....

P. O. Address *Permyville* .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.