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

Do not use this space.

MAR 1 1935

1. PLACE OF DEATH
County Ste. Gen.
Township ~~Ste. Genevieve~~
City Ste. Genevieve No. ..... St. ..... Ward)

Registration District No. 780
Primary Registration District No. 4466

File No. 2690
Registered No. 7

2. FULL NAME Peter Geiler

(a) Residence, No. ..... St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Genevieve Klein

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 11, 1861.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	73	11	15	

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ste. Genevieve Missouri

FATHER
13. NAME Sebastian Geiler
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Victoria Falk
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Edgar Geiler Ste. Genevieve Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ste. Genevieve DATE Jan 29 1935

19. UNDERTAKER (ADDRESS) Geo. G. Gasser Ste. Genevieve Mo

20. FILED Jan 28, 1935 T. W. Douglas Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-26- 1935

22. I HEREBY CERTIFY, That I attended deceased from 12-12- 1934, to Jan. 26- 1935
I last saw him alive on 1-26- 1935 Death is said to have occurred on the date stated above, at 10 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	2
Lymphoid Tuberculosis	Dec 34

Other contributory causes of importance:

Arteriosclerosis	2
Influenza	1/8/35
Uremia	1/23/35

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) R. W. Lawrence, M. D.
(Address) Ste. Genevieve, Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD