

No. 2
1-4-41
17-39
X28390

DEC 22 1941
Registration District No. 8₅

Primary Registration District No. 1001

Registrar's No. 1195

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Joseph Hospital *(1)*
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Life (Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan *11*

(c) City or town St. Joseph *1*
(If outside city or town limits, write "RURAL")

(d) Street No. 2315 Oak *7*
(If rural, give location)

(e) Citizen of foreign country? no *(Yes or No)*

If yes, name country _____

3. (a) PRINT FULL NAME Edwin Herman Geiler

3. (b) If veteran, name war none

3. (c) Social Security No. 491-10-94

4. Sex Male *(1)* 5. Color or race White

6. (a) Single, widowed, married, divorced Married *(1)*

6. (b) Name of husband or wife Alma Geiler

6. (c) Age of husband or wife if alive 25 years

7. Birth date of deceased Feb. 25 1916
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	25	9	18	hr. min.

9. Birthplace St. Joseph Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Butcher Dugdales Packing Plant

11. Industry or business Arthur Geiler

12. Name Birthplace Omaha Neb. *1*
(City, town, or county) (State or foreign country)

13. Maiden name Belle Myers *(1)*
(City, town, or county) (State or foreign country)

14. Birthplace St. Joseph Missouri
(City, town, or county) (State or foreign country)

15. Informant Alma Geiler

16. (a) Address St. Joseph, Missouri

17. (a) Burial (b) Date thereof Dec 16 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Ridge Mo.

18. (a) Signature of funeral director Fleeman & Son Inc.

(b) Address St. Joseph, Mo.

19. (a) *(Signature)* (b) *(Signature)*
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 13
6 year 1941 hour 5 minute 15 P. M.

21. I hereby certify that I attended the deceased from Dec 1 1941 to Dec 13 1941;
that I last saw him alive on Dec 13 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: *Brain Tumor (Growth) Sept Temporal Lobe*

Due to _____
Due to _____
Other conditions: *54 R*
(Include pregnancy within 3 months of death)

Major findings: *Brain Tumor - Subtemporal Decompression*
Of operations _____
Of autopsy: *none*

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) *no*

(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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature *(Signature)* M. D. or other _____
Address *(Address)* Date signed *12/15/41*

DEC 19 1941

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.....

December 13, 1941.....

Registered Apprentice No.....

working under my personal supervision.

Signed.....

John H. Hurley

Licensed Embalmer No. 4050.....

P. O. Address St. Joseph, 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.