

FILED APR 12 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10282

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2656

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri. b. COUNTY Ste. Genevieve			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo.		c. LENGTH OF STAY (in this place) 1 yr. 2 Mo.	c. CITY OR TOWN St. Mary's 0950		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 26 St. Louis Chronic Hospital			e. STREET ADDRESS (If rural, give location) 31			
3. NAME OF DECEASED (Type or Print) John		a. (First)	b. (Middle) J.	c. (Last) Geiler	4. DATE OF DEATH (Month) (Day) (Year) March 16-57	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 17, 1895	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plater		10b. KIND OF BUSINESS OR INDUSTRY Killark Electric Co.	11. BIRTHPLACE (City and State or Foreign Country) St. Mary's, Mo. 0		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Henry Geiler		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE LaVerne -Wife		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Laverne Geiler, St. Mary's, Mo.			
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) <i>Cerebral Thrombosis</i>			DUE TO (b) <i>Generalized Arteriosclerosis</i>			<i>4 mo. plus</i>
*This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.			DUE TO (c)			<i>4 mo. plus</i>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			332x			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) 2			
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 <i>12/20/56</i> , 19____, to <i>3/17</i> , 1957, that I last saw the deceased alive on <i>2/17</i> , 1957, and that death occurred at <i>7:30 A.M.</i> , from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) <i>John W. Beckham, M.D.</i>			23b. ADDRESS <i>5800 Arsenal</i>		23c. DATE SIGNED <i>3/16/57</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE <i>3-17-57</i>	24c. NAME OF CEMETERY OR CREMATORY Local		24d. LOCATION (City, town, or county) (State) <i>Ozora, Mo.</i>		
DATE REC'D BY LOCAL REG. MAR 18 '57		REGISTRAR'S SIGNATURE <i>Carl Smith MO</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Albert H. Hoppe, 1700 Washington Blvd.</i>		

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

(Licensed Embalmer's Statement on Reverse Side)

JAN 18 1961

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 *Robert M. Murray*
Licensed Embalmer No. 374
P. O. Address *St. Louis, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.