MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 107166 STATE FILE NUMBER 0042766

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

FILED NOV 3 1966

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b: 8 Day
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lutheran Hospital — Inside Limits: Yes X No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri — b. COUNTY Jefferson
c. CITY OR TOWN Festus — Inside Limits: Yes ☐ No X
d. STREET ADDRESS (If outside, give location) R. R. #3, — Reside on Farm: Yes X No ☐

3. NAME OF DECEASED (Type or print): First Emma — Middle C. — Last Geiler

4. DATE OF DEATH: Month Oct. — Day 21, — Year 1966

5. SEX: Female — 6. COLOR OR RACE: White — 7. Married X ☐ Never Married ☐ Widowed ☐ Divorced ☐ — 8. DATE OF BIRTH: 11-8-96 — 9. AGE (last birthday): 69 — IF UNDER 1 YEAR: Months 11 Days 13 — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (City and state or country): Ste Genevieve Co. — 12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: William Vineyard — 13b. MOTHER'S MAIDEN NAME: Lena Sewald — 14. NAME OF HUSBAND OR WIFE: Amos Geiler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. 499-38-6413 — 17. INFORMANT: Amos Geiler Sr. — Address: R. R. #3, Festus, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 Day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 491 X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Cerebral hemorrhage due Hypertension

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes X No ☐ Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES ☐ NO X
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 10/13/66 to 10/21/66 and last saw her/him alive on 10/21/66
Death occurred at 8:15 Am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Edward W. Schmidt MD — 22b. ADDRESS: 3701 Emerald Sq — 22c. DATE SIGNED: 10/22/66

23a. BURIAL, CREMATION, REMOVAL (Specify) — 23b. DATE: 10-24-66 — 23c. NAME OF CEMETERY OR CREMATORY: St. Anns Cemetery — 23d. LOCATION (City, town, or county) (State): French Village, Mo.

24. FUNERAL DIRECTOR ADDRESS: James R. Cady, Crystal City, Mo. — 25. DATE RECD. BY LOCAL REG.: OCT 22 1966 — 26. REGISTRAR'S SIGNATURE: Earl Smith M.D.

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	05004	45	
3			
4	1		
5	1		
6			
7	0		
8	2		
9			
10			
11			
12	65	65	
13			

BY AFFIDAVIT OF — DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

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 James Richard Cody

Licensed Embalmer No. 4309

P. O. Address Crystal City 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.