



Province of
British Columbia

Ministry of
Health
DIVISION OF
VITAL STATISTICS

REGISTRATION OF
DEATH

Registration No.
(Department Use Only)

023291

SHADED AREAS — FOR OFFICE USE ONLY

NAME OF DECEASED	1. SURNAME (Print or Type) GEIER		2. SEX M ☒ F ☐ UK ☐		DATE OF DEATH MM DD YY 12 28 90	
	ALL GIVEN NAMES (Print or Type) CECIL RAYMOND					
PLACE OF DEATH	3. NAME OF HOSPITAL OR INSTITUTION (Otherwise give exact location where death occurred) EDITH CAVELL HOSPITAL				1-999	
	CITY, TOWN OR OTHER PLACE (by name) VANCOUVER, B.C.		POSTAL CODE 15022	INSIDE MUNICIPAL LIMITS? STATE: ☒ YES ☐ NO		
RESIDENCY INFORMATION AND USUAL ADDRESS	B.C. RESIDENT ☒ NON-RESIDENT ☐		IF BRITISH COLUMBIA RESIDENT, B.C. CARE CARD NO. /			
	4. COMPLETE STREET ADDRESS If rural give exact location (Not Post Office or Rural Route address) 2855 SOPHIA STREET				15022	
	CITY, TOWN OR OTHER PLACE (by name) VANCOUVER		POSTAL CODE V5T 3L2	INSIDE MUNICIPAL LIMITS? STATE: ☒ YES ☐ NO		
MARITAL STATUS	5. STATE 1		6. IF MARRIED, WIDOWED OR DIVORCED GIVE FULL NAME OF HUSBAND OR FULL MAIDEN NAME			
	☒ SINGLE ☐ MARRIED ☐ WIDOWED ☐ DIVORCED					
OCCUPATION	7. KIND OF WORK DONE DURING MOST OF WORKING LIFE NONE - INSTITUTIONALIZED PATIENT		8. KIND OF BUSINESS OR INDUSTRY IN WHICH WORKED NONE			
BIRTHDATE	9. MONTH (by name), DAY, YEAR OF BIRTH SEPTEMBER 26, 1916		10. AGE (YEARS) 74	5		
			IF UNDER 1 YEAR MONTHS DAYS		IF UNDER 1 DAY HOURS MINUTES	
BIRTHPLACE	11. CITY, TOWN OR OTHER PLACE SHAUNAVON		PROVINCE (or country) OF BIRTH SASKATCHEWAN		12. NATIVE INDIAN? STATE: ☐ YES ☒ NO	
					007	
FATHER	13. SURNAME AND GIVEN NAMES OF FATHER (Print or Type) GEIER, WILLIAM		14. BIRTHPLACE - CITY OR PLACE, PROVINCE OR COUNTRY NOT KNOWN 999			
MOTHER	15. MAIDEN SURNAME AND GIVEN NAMES OF MOTHER (Print or Type) NOT KNOWN NOT KNOWN		16. BIRTHPLACE - CITY OR PLACE, PROVINCE OR COUNTRY NOT KNOWN 999			
INFORMANT	SIGNATURE X <i>R.D. Vella</i>		DATE SIGNED DECEMBER 28, 1990		RELATIONSHIP TO DECEASED FUNERAL DIRECTOR	
	ADDRESS OF INFORMANT 306 EAST 11TH AVENUE, VANCOUVER, B.C.		POSTAL CODE V5T 2C6			

TO BE COMPLETED BY FUNERAL DIRECTOR ONLY

DISPOSITION	17. TYPE OF DISPOSITION ☒ BURIAL ☐ CREMATION ☐ OTHER (SPECIFY):		18. BURIAL PERMIT No. AF0858	19. MM DD YY DATE OF BURIAL / DISPOSITION 12 31 90	
	NAME AND ADDRESS OF CEMETERY, CREMATORIUM OR PLACE OF DISPOSITION OCEAN VIEW BURIAL PARK, 4000 IMPERIAL STREET, BURNABY, B.C. V5J 1A4				
FUNERAL DIRECTOR	NAME OF FUNERAL DIRECTOR OR PERSON IN CHARGE OF REMAINS (Print or Type) MOUNT PLEASANT FUNERAL HOME			CLIENT NO. 856	
	ADDRESS 306 EAST 11TH AVENUE, VANCOUVER, B.C. V5T 2C6				

DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY

NOTATIONS					
CERTIFICATION OF DISTRICT REGISTRAR	I CERTIFY THAT THIS RETURN WAS ACCEPTED BY ME ON THIS DATE AT: VANCOUVER, B.C. DEC 31 1990				
	DATE Month Day Year	SIGNATURE OF DISTRICT REGISTRAR <i>R. D. Vella</i>			
BRITISH COLUMBIA REGISTRATION DISTRICT No. <i>2099</i>					<i>041</i>