

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

Do not use this space.

37444

1. PLACE OF DEATH

County.....
Township.....
City St. Louis (No. 466 Alsace)

Registration District No. 791
Primary Registration District No. 1003

File No.....
Registered No. 10191
St. Ward)

2. FULL NAME

Donald G. Giese
(a) Residence. No. 466 Alsace St. 6 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*) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 15 - 1924

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>1</u>	<u>1</u>	<u>18</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Frank Giese

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Louise Rupp

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo

14. INFORMANT Frank Giese
(Address) 4656 Alsace

15. FILED 5-19-30 May E. Tanker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 3 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 2, 1930, to Nov 3, 1930 that I last saw her alive on Nov 3, 1930 and that death occurred, on the date stated above, at 9:20 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute peritonitis
(Cause unknown)
(duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) Consumption
(duration) yrs. mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? No DATE OF.....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) John Johnson M. D.

Nov 4, 1930 (Address) 636 N. Taylor

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Cypress Cemetery DATE OF BURIAL Nov 6, 1930

20. UNDERTAKER Chas. J. Carroll ADDRESS 4501 Hillside

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

