

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

39179

1. PLACE OF DEATH

County _____ Registration District No. **791**
 Township _____ Primary Registration District No. **1003**
 City St. Louis (No. City Hospital # 1111)

File No. **11354**
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2510 Market Place Ward 21
 (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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 22-1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
82 4 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

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

13. NAME Peter Giesler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) August J. Giesler

18. BURIAL, CREMATION OR REMOVAL PLACE Bellevue DATE 11-12 1937

19. UNDERTAKER (ADDRESS) W. J. Leary

20. FILED 11-12-37 Registrar

MEDICAL CERTIFICATE OF DEATH

No Physician in Attendance
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-8 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 10:30 P.M.

The principal cause of death and related causes of importance were as follows:
186A
194B
Postoperative Pneumonia
fractured Left shoulder
received when he fell to street in St. Louis, Mo.
 Other contributory causes of importance:

186C
Accident

Name of operation None Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Accident Date of injury Oct. 13, 1937
 Where did injury occur? St. Louis, Mo. (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Public Place
 Nature of injury Fell to street
fractured shoulder

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____

(Signed) John W. ...
 (Address) _____

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