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

Do not use this space.

9931

1. PLACE OF DEATH

96 County St. Louis — Registration District No. 789 — File No.

Township Central — Primary Registration District No. 6033 B — Registered No. 86

City Creve Coeur (No. Creve Coeur, Mo. St. Ward)

2. FULL NAME Louis H. Giesler

(a) Residence. No. Creve Coeur, Mo St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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.

APR 29 1932

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 Odillia M. Giesler

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 28, 1860

7. AGE: YEARS 71 — MONTHS 9 — DAYS 16 ~~15~~ — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) St. Louis, County
(STATE OR COUNTRY) 1

PARENTS

10. NAME OF FATHER John Giesler
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany 10
12. MAIDEN NAME OF MOTHER Annie Muth
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Mrs. Odillia M. Giesler
(Address) Creve Coeur, Mo.

15. FILED 3/16, 1932 Rolla Bracy - M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 14th 1932

17. I HEREBY CERTIFY, That I attended deceased from March 8th, 1932, to March 14th, 1932, that I last saw him alive on March 14th, 1932, and that death occurred, on the date stated above, at 10.30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia

108 (duration) yrs. mos. 6 ds.

CONTRIBUTORY (SECONDARY)

Dont Know (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH (1)

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? general symptoms

(Signed) J. L. DeFoe, M. D.

3/15, 1932 (Address) Chesterfield Mo.

*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: Valhalla — DATE OF BURIAL: Mar. 17 1932

20. UNDERTAKER: Math Hermann & Son — ADDRESS: 2161 E. Fair

MARGIN RESERVED FOR BINDING

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.

V. S. NO. 2.