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.

SEP 26 1933

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

Do not use this space.

28019

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. ..... File No. ..... Registered No. 7094

City St. Louis, Mo. (No. 515 Lickerhospital St. ..... Ward)

2. FULL NAME Mrs. Amalia Giessenbier

(a) Residence, No. 3628a Arsenal St., 16 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 19, 1867

7. AGE: Years 66, Months 1, Days 26. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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): Berne Switzerland

FATHER

13. NAME: Rudolph Furter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Swtizerland

MOTHER

15. MAIDEN NAME: Unknown

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

17. INFORMANT (ADDRESS): Mr. J. R. Giessenbier 3628a Arsenal

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla Cemetery DATE August 18, 1933

19. UNDERTAKER (ADDRESS): Biderwieden Funeral Home, Inc. 1936 St. Louis Avenue

20. FILED AUG 17 1933 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 24, 1933, to August 15, 1933

I last saw her alive on August 15, 1933 Death is said to have occurred on the date stated above, at 12 Noon

The principal cause of death and related causes of importance were as follows:

		Date of onset
Pernicious anaemia	2 30 131	2 yrs.
Chronic myocarditis	93C	2
Chronic diffuse nephritis		2

Other contributory causes of importance:

Chronic pulmonary tuberculosis	2

Name of operation ..... Date of .....

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

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Wm. S. Becke, M. D.

(Address) 3720 Washington

Dr. Wm. Beckie
3720 Washington