

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

Do not use this space.

34705

1. PLACE OF DEATH

County Registration District No. 901
Township Primary Registration District No. 1127
City St. Louis, Mo. (No. 1010 St. No. Broadway Ward)

File No.
Registered No. 8867
St. Ward)

2. FULL NAME

William Giebe
(a) Residence, No. 1010 No. Broadway St. 25 Ward.

(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 Stella Giebe

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 25, 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 56 7 16

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

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 Frank Giebe

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs Giebe (ADDRESS) 1010 No. Broadway

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Oct 14 1933

19. UNDERTAKER Benedict Nichols (ADDRESS) 1132 No. 6th St

20. FILED 1 1933 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 11 1933

22. HEREBY CERTIFY, That I attended deceased from June 1932 to March 1933
Last saw him alive on March 17th 1933 Death is said to have occurred on the date stated above, at 9 A. m.

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

Tuberculosis of lungs (Date of onset) History and findings of this case will be mailed to coroner as heretofore.

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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 John W. M. Hines, M. D.
(Signed) John W. M. Hines
(Address) 6104 1/2 East St.

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.

NOV 10 1933

25

22

19

