

APR 2 1935

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

Do not use this space.

7686

1. PLACE OF DEATH

County Saline Registration District No. 793
Township Elmwood Primary Registration District No. 6563
City Waverly 6036 St. _____ Ward _____

File No. _____

Registered No. _____

2. FULL NAME

Sigel H. Giesendorfer
(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Elizabeth Giesendorfer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 18, 1864</u>		
7. AGE	YEARS <u>72</u>	MONTHS <u>3</u>
	DAYS <u>3</u>	IF LESS THAN 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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) <u>Arkfield, Ill.</u>		
FATHER	13. NAME <u>George Giesendorfer</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Henrietta Hooker</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT (ADDRESS) <u>Mr. Elizabeth Giesendorfer</u> <u>Mr. Leonard M.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Warders Mo.</u> DATE <u>Nov. 24, 1935</u>		
19. UNDERTAKER (ADDRESS) <u>Koefler & Meisnerhagen</u> <u>Blackburn Mo</u>		
20. FILED <u>Nov. 22, 1935</u> <u>Minnie Cook</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 21, 193522. I HEREBY CERTIFY, That I attended deceased from Feb. 21, 1935, to Feb. 21, 1935I last saw him alive on Feb. 21, 1935. Death is saidto have occurred on the date stated above, at 9 A. M.

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

Myocarditis
acute cardiac dilatation
Date of onset Feb 21
1935

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Autopsy Was there an autopsy? no

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

Accident, suicide, or homicide? _____ Date of injury _____, 1935

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? no

If so, specify _____

(Signed) L.S. James(Address) Blackburn Mo

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

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