

OCT 23 1935

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

Do not use this space.

30940

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**City St. Louis MO (No.)Sanitarium St.

File No.

Registered No. **7732**

Ward

2. FULL NAME Valentine Gieseke(a) Residence, No. 2517 No 22nd St St. 20 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)

Single

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

Single

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

June 11, 1898

7. AGE

YEARS

37

MONTHS

3

DAYS

1

If LESS than 1 day, hrs. or min.

OCCUPATION

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

Stock Boy

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

Stock Boy

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

about 4-1936

11. Total time (years) spent in this occupation

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

St. Louis Missouri

MOTHER FATHER 13. NAME

Edward Bierle

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

unknown unknown

15. MAIDEN NAME

Mary Berger

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

St. Louis Missouri

17. INFORMANT (ADDRESS)

Henry C. Allen 527 1/2 Arsenal

18. BURIAL, CREMATION, OR REMOVAL

PLACE WalhallaDATE Sept. 16, 1935

19. UNDERTAKER (ADDRESS)

A. K. Brown & Co. 2407 W. Grand Blvd

20. FILED

SEP 14 1935

19.

J. T. Bredeck

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Sept 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from

July 1, 1934, to Sept 12, 1935I last saw living alive on Sept 12, 1935 Death is saidto have occurred on the date stated above, at 5:20 P.M.

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

Bronchopneumonia and pulmonary edema

Date of onset

9/10/35

Other contributory causes of importance:

Heart in Prey9/11/34

+

Name of operation

10712

Date of

What test confirmed diagnosis?

autopsy 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) Henry C. Allen, M. D.(Address) 537 1/2 Arsenal

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.

