

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

Do not use this space.

41388

1. PLACE OF DEATH

County.....
Township.....
City.....
Registration District No. 791
Primary Registration District No. 1903
(No. Josephine Hospital)

File No.....
Registered No. 10610
St. Ward

2. FULL NAME

(a) Residence, No. Frieda Giesecke St. 16 Ward. (If nonresident, give city or town and State)
(Usual place of abode) 4069 Hartford
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

MEDICAL CERTIFICATE OF DEATH

3. SEX <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Single</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Jan 28 - 1870</i>		
7. AGE YEARS <i>65</i>	MONTHS <i>10</i>	DAYS <i>16</i>
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housewife</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>at Home</i>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
MOTHER FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St Louis Mo</i>	
	13. NAME <i>Christian Giesecke</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>	
	15. MAIDEN NAME <i>Frieda Krafft</i>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>		
17. INFORMANT (ADDRESS) <i>Charlotte Giesecke 4069 Hartford St</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Gen County</i> DATE <i>Dec 16 1935</i>		
19. UNDERTAKER (ADDRESS) <i>Peter Am Lapaz 3029 Lafayette St</i>		
20. FILED <i>DEC 16 1935</i> <i>J. Brebeck</i> Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec 13 1935*

22. I HEREBY CERTIFY, That I attended deceased from *Oct 26 1935*, to *Dec 13 1935*, I last saw her alive on *Dec 13 1935*. Death is said to have occurred on the date stated above, at *11:25 p.m.* The principal cause of death and related causes of importance were as follows:

Malignant Sarcoma of uterus

Other contributory causes of importance: *Acute Myocarditis*

Name of operating hospital *St. Joseph's* Date of operation *Dec 9/35*
What test confirmed diagnosis? *Path.* 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....., 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) *Stephen Vasquez*, M. D. (Address) *3202 1/2 Park.*

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.

1
16
10

