

APR 24 1936

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

Do not use this space.

12149

## 1. PLACE OF DEATH

County St. CharlesRegistration District No. 760Township FairviewPrimary Registration District No. 76001

City.....

(No.....)

St.....

Ward.....

File No. 3Registered No. 162. FULL NAME John Mathias Gieser(a) Residence, No. Weldon Springs Mo St. .... Ward. ....

(Usual place of abode)

(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*) Single5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 25<sup>th</sup> 18657. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
70 10 278. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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 all12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Weldon Springs Mo13. NAME Nicolas Gieser14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Elizabeth Loeffert16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT Henry Hollander (ADDRESS) Weldon Springs Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Collerville Mo DATE March 26<sup>th</sup> 193619. UNDERTAKER H. C. Dallmeyer & Co (ADDRESS) 800 N. Second St. St. Charles Mo20. FILED 3/28 1936 W. O. Caldwell Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 22<sup>nd</sup> 193622. I HEREBY CERTIFY, That I attended deceased from Mar 10 1934 to Mar 27 1936I last saw him alive on Mar 19 1936. Death is said to have occurred on the date stated above, at 1:30 P. m.

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

Cerebral Epilepsy  
Date of onset No  
85  
Rev

Other contributory causes of importance:

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

What test confirmed diagnosis? None 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? No

If so, specify.....

(Signed) L. N. Rosemeyer M. D.(Address) Dr. Fallam

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.

