

DESD JUL 12 1939

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

20179

Do not use this space.

5023

1. PLACE OF DEATH

(a) County..... / Registration District No..... 791
(b) Township..... / Primary Registration District No..... 1003
(c) City St. Louis. (d) Street No. St. John's Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ella Giase

(a) Residence, No. 4312 Potomac St. St. 15
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Albert Giase

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 24, 1888

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
51 3 47

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

9. Industry or business in which work was done, as 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) Austria 7

FATHER 13. NAME Joseph Kirsch 7

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria 7

MOTHER 15. MAIDEN NAME Alexa Dlugosth

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

17. INFORMANT Albert Giase
(ADDRESS) 4312 Potomac St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE Jun. 5, 1939

19. FUNERAL DIRECTOR (NAME) J. H. Gebkem & Co.
(ADDRESS) 2842 Meramec St.

20. FILED JUN 3 1939 J. D. Brudick
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 18th, 1939, to June 1st, 1939
I last saw her alive on June 1st, 1939. Death is said to have occurred on the date stated above, at 9:00 P. m.
The principal cause of death and related causes of importance were as follows:

Coronary Embolism? Date of onset 6/1/39

Other contributory causes of importance:
(1) Cerebral Embolism 5/22/39
(2) Cholelithiasis for Stones 3/20/39

Name of operation Cholelithectomy Date of 5/20/39
What test confirmed diagnosis? no 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) Paul B. Webb M. D.
(Address) 3467 Morganford Rd

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *Herman A. Gebken*

Licensed Embalmer No. 2120

P. O. Address..... 2842 Meramec St.
St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license:)

If this body is not embalmed, above space should be left blank.