

REC'D AUG 11 1939 **791**  
Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

**1003**

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1029 Central **2**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME William Giest GEIST 23A

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Esther Giest 6. (c) Age of husband or wife if alive unk years

7. Birth date of deceased August 3 1871  
(Month) (Day) (Year)

| 8. AGE: | Years     | Months    | Days     | If less than one day |
|---------|-----------|-----------|----------|----------------------|
|         | <u>67</u> | <u>11</u> | <u>7</u> | hr. _____ min. _____ |

9. Birthplace Peoria Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Jeweler **6**

11. Industry or business \_\_\_\_\_

12. Name Morris Giest GEIST **6**

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Bartha Wolff

15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. B. Giest

(b) Address 1029 Central

17. (a) Burial (b) Date thereof 7/12/39  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Hebrew

18. (a) Signature of funeral director H. B. Berger

(b) Address 4715 McPherson

19. (a) JUL 11 1939 (b) J. J. Braddock  
(Date received and registered) (Signature of Registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis **4**  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1029 Central  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7/10/39 day \_\_\_\_\_  
year \_\_\_\_\_ hour \_\_\_\_\_ minute 7 P. M.

21. I hereby certify that I attended the deceased from 6/20/39 to \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him alive on 7/10/39, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage **7 days**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Chronic myocarditis  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Walter D. Stanton (M. D. or other) \_\_\_\_\_

Address 607 - N. Grand Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.

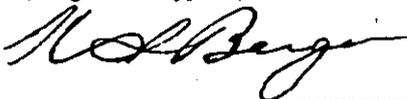
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STATEMENT BY LICENSED EMBALMER

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

H. I. Berger  
working under my personal supervision.

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

Signed.....  


Licensed Embalmer No..... 1597

P. O. Address 4715 Hickerson

**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.**