

Registration District No.

791  
1008

Primary Registration District No.

Registrar's No.

## 1. PLACE OF DEATH:

- (a) County \_\_\_\_\_  
 (b) City or town St. Louis, Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
3863 Laclede Ave. Geo. D. Barnard Staty. Co.  
 (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 F. Gieselman 245

## 8. (b) If veteran,

name war no

## 3. (c) Social Security

997-12-2541  
No. none

## 4. Sex

Male

## 5. Color or

race White

## 6. (a) Single, widowed, married,

divorced Married

## 6. (b) Name of husband or wife

Elizabeth May Gieselman

## 6. (c) Age of husband or wife if

alive unk. years

## 7. Birth date of deceased

Dec. 29, 1871

(Month)

(Day)

(Year)

## 8. AGE:

Years

Months

Days

If less than one day

6772

hr.

min.

## 9. Birthplace

St. Louis,Mo.

(City, town, or county)

(State or foreign country)

## 10. Usual occupation

Bookbinder

## 11. Industry or business

Geo. D. Barnard Staty. Co.

MOTHER FATHER

## 12. Name

William F. Gieselman 6

## 18. Birthplace

- -Germany 7

(City, town, or county)

(State or foreign country)

## 14. Maiden name

Wilhelmina Niemeyer

## 15. Birthplace

St. Louis,Mo.

(City, town, or county)

(State or foreign country)

## 16. (a) Informant's own signature

Oscar H. Gieselman

## (b) Address

7422 Melrose Ave. University City, Mo.

## 17. (a)

Burial

## (b) Date thereof

Aug. 3, 1939

(Burial, cremation, or removal)

(Month) (Day) (Year)

## (c) Place: burial or cremation

Zion Cemetery

## 18. (a) Signature of funeral director

H. M. Schudmacher

## (b) Address

4834 Natural Bridge

## 19. (a)

AUG 2 1939

## (b)

J. P. Schudmacher

(Date received local registrar)

(Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County St. Louis  
 (c) City or town University City **NR**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 7422 Melrose Ave.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31,  
 year 1939 hour 11 minute 30 A. M.

21. I hereby certify that I attended the deceased from  
July 6, 1937, 1937, to July 31, 1939;  
 that I last saw him alive on July 2, 1939,  
 and that death occurred on the date and hour stated above.

## Immediate cause of death

Coronary Occlusion

Duration

## Due to

athero Sclerosis

## Due to

## Other conditions

none

(Include pregnancy within 3 months of death)

## Major findings:

Of operations no

## Of autopsy

none Autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

- (a) Accident, suicide, or homicide (specify) no  
 (b) Date of occurrence ✓  
 (c) Where did injury occur? no (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)

## (a) Means of injury

23. Signature James D. Quilly (M. D. or other)  
 Address 6125 Barton Ave Date signed 8/1/39

6125-8  
9:30 P.M. - 2-4 - 7-8

**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 John Hetter  
Licensed Embalmer No. 3880  
P. O. Address.....

**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.**