

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

32733
 Do not use this space.

1. PLACE OF DEATH **REC'D SEP 30 1939**

50 (a) County JEFFERSON / Registration District No. 475
 (b) Township MERAMEC / Primary Registration District No. 5580 Registered No. 1239
 (c) City ST. JOSEPH'S HILL INFIRMARY (d) Street No. ST. JOSEPH'S HILL INFIRMARY 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 DANIEL C. GIER

(a) Residence, No. WELDON & CARSON ROADS, NORMANDY, MO. (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 MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF LULU HERR

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3/10/1869

7. AGE YEARS 70 MONTHS 5 DAYS 29 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. STONE MASON, RETIRED
 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) 12 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. LOUIS, MO

FATHER 13. NAME DANIEL GIER
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

MOTHER 15. MAIDEN NAME LOUISE
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

17. INFORMANT ST. JOSEPH'S HILL INFIRMARY (ADDRESS) Sister Conventual, O.S.F.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethany DATE Sept. 12 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Dickmann, Marshall
1905 Union Blvd.

20. FILED Wm. J. Gorman Local Registrar. 376

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-9-1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 25 1939 to Sep 9 1939. I last saw him alive on Sep 9 1939. Death is said to have occurred on the date stated above, at 5:55 pm. The principal cause of death and related causes of importance were as follows:

Diabetic Mellitus

Other contributory causes of importance: SH

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

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) Jesse S. Sargent, M. D.
 (Address) Carroll, Mo.

R. 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.

House of Springs

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 *Warren A. Carver*

Licensed Embalmer No. *353x*

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.