

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

1. PLACE OF DEATH:
(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:
City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day. (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME ALBERT GIESE
3. (b) If veteran, name war _____ 3. (c) Social Security No. 490-05-0844
4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Ella 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug. 23 1885
(Month) (Day) (Year)

8. AGE: Years 54 Months 5 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace Germany
(City, town, or county) (State or foreign country)
10. Usual occupation Diemaker
11. Industry or business Emmerson Electric Co.
12. Name Dont know.
13. Birthplace Dont know.
(City, town, or county) (State or foreign country)
14. Maiden name Dont know.
15. Birthplace Dont know.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Margaret Zupetz
(b) Address 4312 Potomac St.
17. (a) Burial (b) Date thereof Feb. 3, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director J. N. Gehken & Co.
(b) Address 2842 Meramec St.
19. (a) FEB 1 1940 (b) _____
(Date received local Registrar) (Signature and address)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis 15
(If outside city or town limits, write "RURAL")
(d) Street No. 4312 Potomac St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 25 yrs. years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 31
year 1940 hour 9 minute 00 A. M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Sodium Hypochlorite poisoning self administered at his home 4312 Potomac Street Jan. 31 1940 about 8 AM

Due to _____
Other conditions (Include pregnancy within 3 months of death) 163

Major findings: Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) suicide
(b) Date of occurrence Jan. 31 1940
(c) Where did injury occur? St. Louis Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home
While at work? _____ (Specify type of place)
(a) Means of injury Paracetamol
23. Signature Alfred Mery (M. D. or other)
Address St. Louis Date signed 2.2.40

PHYSICIAN
Underline the cause to which death should be charged statistically

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.....

Robert F. Gebken

....., Registered Apprentice No. 187

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.