

No. 2
-10-39
7-39
X27

JUN 15 1940 791
Registration District No.

Primary Registration District No. 1003

State File No.

Registrar's No.

4102

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: 3930 Giler
(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 Minnie Giffel 140
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife George Giffel 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 3 1861
(Month) (Day) (Year)

8. AGE: Years 79 Months 2 Days 2 If less than one day
hr. _____ min. _____

9. Birthplace Milstadt Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business _____

12. Name Johan GEO. GIPPEL

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

14. Maiden name JOHANNA GIPPEL

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

16. (a) Informant Al Giffel
(b) Address 5579 Alaska Ave

17. (a) BURIAL (b) Date thereof 5 9 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MILSTADT ILLINOIS

18. (a) Signature of funeral director James Metzger
(b) Address Milstadt Ill

19. (a) MAY 7 1940 (b) J. F. [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St Louis 15th
(If outside city or town limits, write "RURAL")
(d) Street No. 3930 Giler
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 5
year 1940 hour 1 minute 45 P.M.

21. I hereby certify that I attended the deceased from 1938
19____ to 5/5/40, 19____;
that I last saw him alive on 5/5/40, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Pericious Anaemia 4 yrs
Duration

Due to [Signature]
Due to [Signature]
Other conditions terminal bronchopneumonia
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of 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) _____
(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 [Signature] (M. D. or other) _____
Address 55-45 S. Grand Date signed 5/4/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed Ben H. Baldern

Licensed Embalmer No. 2470

P. O. Address St. Louis, Ill.

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.