No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 25 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30767

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 8044

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 4217 Lee Ave (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County

(c) City or town St Louis 10 (If outside city or town limits, write "RURAL")

(d) Street No. 4217 Lee Ave (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME MARY GIESING

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive Unk years

7. Birth date of deceased Nov (Month) 24 (Day) 1884 (Year)

8. AGE: Years 55 | Months 10 | Days 1 | If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business

MOTHER FATHER

12. Name Henry Giesing

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

14. Maiden name Josephine Sohn

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

16. (a) Informant Arthur Nix

(b) Address 4217 Lee Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 28, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director J J Quinn

(b) Address 1389 Union Mo

19. (a) SEP 27 1940 (Date received local registrar) (b) J F Bardick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 25th year 1940 hour 2 minute 8 M.

21. I hereby certify that I attended the deceased from Feb 10, 1938, to Sept 25, 1940 that I last saw her alive on Sept 24, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Ulcerative Colitis — Duration 2½ yrs

Due to 2

Due to 2

Other conditions none (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address 515-20 Wall Bldg Date signed Sept 26, 1940

(Licensed Embalmer's Statement on Reverse Side)

Hr Soper

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 B W Finn

Licensed Embalmer No. 15-91

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.