

No. 2
11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

5187

FILED MAR 25 1941 791

1003

State File No. _____

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 1435

1. PLACE OF DEATH:

(a) County ST. Louis, Mo
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: LUTHERAN HOSPITAL
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County JEFFERSON
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. NEAR PEVELY MO
(If rural, give location) 1
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME BABY GIESELMANN

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 (C)

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife If alive _____ years

7. Birth date of deceased FEBRUARY 13 - 1941
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hr. 35 min.

9. Birthplace ST LOUIS MO
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name REY. WALTER GIESELMANN
13. Birthplace ALMA MO
(City, town, or county) (State or foreign country)
14. Maiden name ANITA WAGNER
15. Birthplace ALMA MO
(City, town, or county) (State or foreign country)

16. (a) Informant REY. WALTER GIESELMANN
(b) Address PEVELY MO

17. (a) BURIAL (b) Date thereof FEB 13 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation PEVELY MO. IMMANUEL Cem.

18. (a) Signature of funeral director HELLSTIG FUNERAL HOME
(b) Address KIMMSWICK MO

19. (a) FEB 13 1941 (b) J. W. Spedech
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2nd day 10th
year 1941 hour 8 minute A.M.

21. I hereby certify that I attended the deceased from _____, 1941 to FEB 13, 1941, that I last saw her alive on FEB 13, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Meningeal artery 7 months
Due to Hypertension
Due to 157
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy None

Duration _____
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 Carroll Day MD (M.D. or other) _____
Address Pevelaney, Mo Date signed 2/13/41

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

Signed.....

Licensed Embalmer No.....

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.