

FILED MAR 17 1942

Registration District No. **791**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County **St. Louis**  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution  
**4373 West Pine Blvd.**  
(If not in hospital or institution, write street number of 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 **5 D 00**  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **5605 Etzel Ave.**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **6th**  
year **1942** hour **3:20** minute **A.M.** M.  
21. I hereby certify that I attended the deceased from **Jan. 29**  
1942 to **Feb 6th** 1942  
that I last saw her alive on **Feb 3rd** 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death  
**Carcinoma of Breast**

Due to **Arteriosclerosis**

Due to **50**

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME **Mathilda A. Giessler**  
3. (b) If veteran, name war **None**  
3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Late William J. Giessler**  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **Feb. 6th 1856**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**85 11 21** hr. min.

9. Birthplace **St. Louis Mo. 1**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_

12. Name **Edward Kortkamp**

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

14. Maiden name **Bertha Steidmann**  
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Amelia Zacker**

(b) Address **Saum Hotel 1919 So. Grand**

17. (a) **Burial** (b) Date thereof **2-9-42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Peter's Cemetery**

18. (a) Signature of funeral director **Kriegshauser Mortuar**

(b) Address **4228 So. Kingshighway Blvd.**

19. (a) **FEB 7** (b) **J. J. Madach**  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_

(e) While at work? \_\_\_\_\_ (Specify type of place) (f) Means of injury \_\_\_\_\_

23. Signature **J. J. Madach** (M. D. or other) \_\_\_\_\_

Address **203 Beaumont Bldg** Date signed **Feb 7**

Dr. Louis Hempelmann  
Beumont Bldg. 2-378301930

**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.....

*Edwin M. Bennett*  
Licensed Embalmer No. *3024*

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, fact should be so stated above.**