

FILED MAR 17 1942 791 1

Primary Registration District No.

Registrar's No. 1295

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:
3739 1/2 Broadway
(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 24000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3739 1/2 Broadway
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME

Louis Giesza
3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 31
year 1942 hour 1 minute 00 P.M.

21. I hereby certify that I attended the deceased from.....
....., 19..... to....., 19.....
that I last saw h..... alive on....., 19.....
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased abt 1864
(Month) (Day) (Year)

Immediate cause of death
Chronic Myocarditis

8. AGE: Years 78 Months Days If less than one day
abt hr. min.

Due to.....
Due to.....
Other conditions (Include pregnancy within 3 months of death)
930

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

10. Usual occupation ret

11. Industry or business.....

12. Name Unknown 9

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

14. Maiden name.....

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

16. (a) Informant Janet Giesza

(b) Address 1300 Oak

17. (a) Burial (b) Date thereof Feb 12 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Petz Brothers

(b) Address 3029 Lafayette Ave

19. (a) (Date received local registrar) (b) J. F. Bredek (Registrar's signature)

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)
23. Signature Alfred Meris (b) Date signed 2/10/42
Address Reynolds

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..... *Frank J. Owen*

Licensed Embalmer No. *2245*

P. O. Address *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, fact should be so stated above.