

S. No. 2
M-5-42
7-5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

31976
State File No. _____
Registrar's No. 9088

FILED NOV 8 1942
Registration District No. 318

Primary Registration District No. _____

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

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 Days
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1616 Franklin Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Albert Bernard Gieselman
3. (b) If veteran, name war _____ 3. (c) Social Security No. 492-05-1286

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 30, year 1942 hour 12:35 minute P. M.

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

21. I hereby certify that I attended the deceased from October 24, 1942, to October 30, 1942 that I last saw him alive on October 30, 1942 and that death occurred on the date and hour stated above.

7. Birth date of deceased Oct. 3 1901
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
41 0 27 hr. min.

Immediate cause of death: Abscess of liver
Due to Cause not known
Due to _____
Other conditions (Include pregnancy within 3 months of death) 1/25

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Chauffeur
11. Industry or business Nu-Way Cleaners
12. Name Frank Giesleman
13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Laira Moellmann
15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

Major findings: Of operations _____
Of autopsy as above
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. L. Gieselman
(b) Address 1616 Franklin Ave.
17. (a) Burial (b) Date thereof 11-2-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cem.
18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.
19. (a) OCT 21 1942 (b) J. E. Budeck
(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?
While at work? _____ (Specify type of place) (a) Means of injury _____
23. Signature Louis G. Hendrick (b) 11/30/42
Address 1515 Lafayette Ave. (Date signed)

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 Albert R. Thompson Jr.
Licensed Embalmer No. 4237
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.