DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 3 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11251

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 3704

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Jewish Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Weeks (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Wilbur Park Village
(If outside city or town limits, write "RURAL")

(d) Street No. 4808 Hershey Drive
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Raymond O. Giebe

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Dorothy

6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased Jan (Month) 6th (Day) 1905 (Year)

8. AGE: Years 40 Months 3 Days ~~11~~ 18 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Guard

11. Industry or business Seidel Coal Co

FATHER
12. Name Oscar Giebe
13. Birthplace (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Laura Ettie Jomes
15. Birthplace (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Dorothy Giebe Wife
(b) Address 4808 Hershey Drive

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 (Month) 26 (Day) 1945 (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Peetz Bros
(b) Address 3029 Lafayette Ave

19. (a) APR 26 1945 (Date received local registrar) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24
year 1945 hour 12;30 minute A M.

21. I hereby certify that I attended the deceased from 1/1/45, 19..., to 4/24/45, 19...;
that I last saw him alive on 4/24, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardio-renal - Vascular disease	
Due to arteriolar sclerosis	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature H. L. Cedwanne (M. D. or other)
Address 634 No Grand Date signed Apr 26

(Licensed Embalmer's Statement on Reverse Side)

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 Franc L. Owens

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.