S. No. 2
1—8-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 2 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7097

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 510

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Manchester Nursing Home (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1/26/43 to 2/24/46 (Specify whether years, months or days)

In this community 3 years 28 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 001

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17

(d) Street No. 4016 N. 23rd St. (If rural, give location) 9

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

If yes, name country

3. (a) PRINT FULL NAME Josephine Gieselman

3. (b) If veteran, name war No

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 Ernst Gieselmann

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

7. Birth date of deceased March 11, 1864. (Month) (Day) (Year)

8. AGE: Years 81 Months 11 Days 13 If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business

FATHER 12. Name Henry Lange

13. Birthplace Germany (City, town, or county) (State or foreign country) 4

MOTHER 14. Maiden name Unknown

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

16. (a) Informant Mr. Henry J. Steinbruegge

(b) Address 7731 Fleta, Affton, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 27, 1946. (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Calvin F. Feutz Funeral Home

(b) Address 4828 Natural Bridge Blvd.

19. (a) 2-28-46 (Date received local registrar) (b) E. D. McGavan M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 24 year 1946 hour 8 minute 45P M.

21. I hereby certify that I attended the deceased from Feb 3, 1946, to Feb 24, 1946, that I last saw her alive on Feb 23, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Uremia	1 mo
Due to Common duct blockage from probable stone.	2 mo.
Due to 93d	
Other conditions (Include pregnancy within 3 months of death) chr. myocarditis	years

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 C. L. Denny (M. D. or other) MD

Address Creve Coeur, Mo Date signed 2-26-48

76 (Licensed Embalmer's Statement on Reverse Side)

MAR 11 1946

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.....Ralph Lundeen.....

Licensed Embalmer No.....4275.....

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.