S. No. 2
M—5-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 31 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23610

Registrar's No. 2979

Registration District No. 144 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Lukes Hospital 8
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1/2 hour (Specify whether years, months or days)
In this community 36 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 203 East 66th Street 8
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Godfrey J. GIERSBERG
3. (b) If veteran, name war: No
3. (c) Social Security No.: # unknown
4. Sex: male 1
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Alice E. Giersberg
6. (c) Age of husband or wife if alive: 60 years
7. Birth date of deceased: May (Month) 19 (Day) 1882 (Year)

8. AGE: Years 64 Months 1 Days 18 If less than one day ___ hr. ___ min.

9. Birthplace: Unknown (City, town, or county) Germany 4 (State or foreign country)
10. Usual occupation: Field Representative
11. Industry or business: London Assurance Corp.
FATHER
12. Name: Peter Giersberg 4
13. Birthplace: Unknown (City, town, or county) Germany 4 (State or foreign country)
MOTHER
14. Maiden name: Eva Deterick
15. Birthplace: Unknown (City, town, or county) Germany 4 (State or foreign country)
16. (a) Informant: Mrs. Alice E. Giersberg
(b) Address: 203 E. 66th St., K.C., Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-10-46 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Olivet, St. Joseph, Mo.
18. (a) Signature of funeral director: Mellody-McGilley-Eylar
(b) Address: 1800 E. Linwood Blvd.
19. (a) 7-8-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7 year 1946 hour 3 minute 30 P. M.
21. I hereby certify that I attended the deceased from April 6, 1933 to July 7, 1946, that I last saw him alive on July 7, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary occlusion	2 1/2 hours
Due to Coronary sclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 94 00	
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. P. Bonyhorn (M.D. or Coroner)
Address: KC 2 Mo. Date signed 7/8/46

(Licensed Embalmer's Statement on Reverse Side)

3/5 Alameda Rd,
after 1:30 Po. 7400

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 .....

Licensed Embalmer No. 2999

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.