

FILED SEP 23 1947

State File No. ....

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **8632**

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:  
Barnes Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 days  
Barnes Hospital

In this community  
years, months or days

3. (a) PRINT FULL NAME William John Frederick Gieseking  
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 CAROLINE GIESEKING 6. (c) Age of husband or wife if alive 69 years  
7. Birth date of deceased 9-6-1876  
(Month) (Day) (Year)

8. AGE: Years 71 Months 0 Days 4 If less than one day  
br. .... min.

9. Birthplace CAMPBELL Hill, Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business .....

12. Name ERNEST GIESEKING

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

14. Maiden name ALGUSTA SCHEOPPER

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

16. (a) Informant CAROLINE GIESEKING

(b) Address PERCY, ILL.

17. (a) Removal (b) Date thereof 9-11-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation RANDOLPH Co. Ill.

18. (a) Signature of funeral director Rowland Funeral Ser

(b) Address 4355 WASHINGTON BX

19. (a) SEP 12 1947 (b) J. G. Bieder  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State ILLINOIS (b) County -  
(c) City or town PERCY  
(If outside city or town limits, write "RURAL")  
(d) Street No. -  
(If rural, give location)  
(e) Citizen or foreign country? N.R. (Yes or No)  
If yes, name country .....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 10  
year 1947 hour 9 minute 20 a.m.

21. I hereby certify that I attended the deceased from Sept. 5, 1947 to Sept. 10, 1947  
that I last saw him alive on Sept. 10, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis Duration .....

Due to Intestinal obstruction  
Volvulus of Intestines

Due to .....

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

Major findings: 1/10  
Of operations.....

Of autopsy as above

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? .....

(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 J. H. Bradley (M. D. or other) .....

Address Barnes Hospital Date signed 9-10-47

WRITE PLAINLY - USING UNFADING BLACK INK - MAKE A PERMANENT RECORD

MOTHER FATHER

PHYSICIAN

Underline the cause of which death should be charged statistically.

8682

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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 \_\_\_\_\_

*Ray Campbell*

Licensed Embalmer No. 3881

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.