S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39687

FILED DEC 6 1947

Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 10749

WRITE PLAINLY—USING 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: 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Barnes Hospital 6 days (Specify whether)
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1716A N. 23rd St. 9
(If rural, give location)
(e) Citizen of foreign country? 20 (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME MARY Gieselman
3. (b) If veteran, name war — — —
3. (c) Social Security No. — — —
4. Sex F 1
5. Color or race White
6. (a) Single, widowed, married, divorced W 2
6. (b) Name of husband or wife Henry J.
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Jan (Month) 1 (Day), 1869 (Year)

8. AGE: Years 78 | Months 10 | Days 20 | If less than one day ..... hr. ..... min.

9. Birthplace St. Louis (City, town, or county) Mo (State or foreign country) 0
10. Usual occupation Home
11. Industry or business
FATHER
12. Name Lovin
13. Birthplace Unk (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Unk
15. Birthplace Unk (City, town, or county) 9 (State or foreign country)
16. (a) Informant Harry Gieselman
(b) Address 3651 a Nebraska
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 25, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Wacker-Heldall Unit & Rio Co.
(b) Address 3634 Gravois, St. Louis, Mo.
19. (a) NOV 24 1947 (Date received local registrar) (b) J. F. Breeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 21
year 1947 hour 7 minute 15 P.M.
21. I hereby certify that I attended the deceased from Nov. 15, 1947 to Nov. 21, 1947;
that I last saw her alive on Nov. 21, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure

Due to Arteriosclerotic heart disease with congestive heart failure.

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy As above

Duration

PHYSICIAN
Underline the cause of 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 0
23. Signature F. C. Bradley (M. D. or other)
Address Barnes-Hospital Date signed 11/22/47

Jefferson City Printing Co.

(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 _____

Licensed Embalmer No. _____

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.