No. 2
-1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 4 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6394
Registrar's No. 1844

Registration District No. 318 Primary Registration District No. 1003

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: St. Luke's Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 4398b Gibson Ave. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME AUGUSTA GIESELER
3. (b) If veteran, name war None
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Late Edward J.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sep't. (Month) 17 (Day) 1874 (Year)

8. AGE:

Years	Months	Days	If less than one day
73	5	5	hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Housework
11. Industry or business
FATHER
12. Name John Redpath
13. Birthplace Liverpool (City, town, or county) England (State or foreign country)
MOTHER
14. Maiden name Victoria ~~Unknown~~ Reynolds
15. Birthplace Liverpool (City, town, or county) England (State or foreign country)
16. (a) Informant Edward J. Gieseler Jr.
(b) Address 4398b Gibson Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-25-48 (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles Cem.
18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.
19. (a) FEB 24 1948 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 22 year 1948 hour 12:00 minute Noon M.
21. I hereby certify that I attended the deceased from Jan. 22, 1948, to Feb. 22, 1948, that I last saw her alive on Feb. 22, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral haemorrhage, right	1 mo.
Carcinoma left breast	1 yr.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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

23. Signature Louis Becker (M. D. or other)
Address 3720 Washington Date signed 2/23/48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

3710 Washington

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. Edwin M Dermott

Licensed Embalmer No. 3024

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.