FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 21 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 20879
Registrar's No. 5290

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

1. PLACE OF DEATH:

(a) County: ST. LOUIS
(b) City or town: (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: STONE NURSING HOME 4
(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: 000
(c) City or town: ST. LOUIS 17
(If outside city or town limits, write "RURAL")
(d) Street No.: 5924 PAGE BL. 9
(If rural, give location) 5 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: WILLIAM C. GIEBE

3. (b) If veteran, name war: 0

3. (c) Social Security No.: 1

4. Sex: MALE

5. Color or race: WHITE

6. (a) Single, widowed, married, divorced: MARRIED

6. (b) Name of husband or wife: LYDIA

6. (c) Age of husband or wife if alive: 74 years

7. Birth date of deceased: JAN. (Month) 17th (Day) 1867 (Year)

8. AGE: Years 81 | Months 4 | Days 21 | If less than one day ... hr. ... min.

9. Birthplace: MO (City, town, or county) D (State or foreign country)

10. Usual occupation: LOCOMOTIVE ENGINEER.

11. Industry or business: RETIRED

FATHER
12. Name: W. GIEBE
13. Birthplace: UNKOWN 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name:
15. Birthplace: 9 (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs Lydia Giebe
(b) Address: 5924 Page Bl.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 6/11/48 (Month) (Day) (Year)
(c) Place: burial or cremation: LAFE CHARLES CEM

18. (a) Signature of funeral director: L. Mullen Und. Co.
(b) Address: 5165 Delmar Bl.

19. (a) JUN 10 1948 (Date received local registrar) J. F. Broderick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: JUNE day: 8th
year: 1948 hour: 3 minute: 40 A.M.

21. I hereby certify that I attended the deceased from: June 7 — 1948 to June 8 — 1948
that I last saw him alive on: June 8 — 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arterio-Sclerotic Hypertensive Disease	14 yr
Due to: Apoplexy	1 yr
Due to: Acute myocarditis	2 days
Other conditions: (Include pregnancy within 3 months of death) Fourth Chr. myocard	

Major findings:
Of operations: 0
Of autopsy: 0

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: A. J. Kemmerich (M. D. or other)
Address: 4390 W. Pine Bl. Date signed: 6-8-48

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 N. G. Farris

Licensed Embalmer No. 338

P. O. Address St. Louis

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.