

FILED JUL 27 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25087

Registration District No. 219

Primary Registration District No. 4469

Registrar's No. 46

1. PLACE OF DEATH:

(a) County Ste. Genevieve
 (b) City or town Ste. Genevieve
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1

(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)3. (a) PRINT FULL NAME Agnes Giesler

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed6. (b) Name of husband or wife Henry Giesler 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased October 14, 1861
(Month) (Day) (Year)8. AGE: Years 86 Months 8 Days 24 If less than one day
hr. _____ min. _____9. Birthplace St. Marys Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business _____

12. Name John Friedman13. Birthplace Ste. Genevieve Missouri
(City, town, or county) (State or foreign country)14. Maiden name Sophia Sucher15. Birthplace Ste. Genevieve Missouri
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. Lawrence Basler(b) Address Festus, Missouri17. (a) Burial (b) Date thereof July 10, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Ste. Genevieve Missouri18. (a) Signature of funeral director James H. Smith(b) Address Ste. Genevieve, Missouri19. (a) 7-12-48 (b) Dorothy M. Karl
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ste. Genevieve
 (c) City or town Ste. Genevieve
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8
year 1948 hour 5 minute 30 A.M.21. I hereby certify that I attended the deceased from May 16
1948 to July 8, 1948
that I last saw her alive on July 7, 1948
and that death occurred on the date and hour stated above.Immediate cause of death Arteriosclerosis Duration 20 yrs

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations 97

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?

While at work? _____ (Specify type of place) (e) Means of injury 023. Signature Arthur E. ... (M. D. or other) M.D.
Address Ste. Genevieve Mo Date signed 7-8-48

RECEIVED

District Health Officer No. 4
District File Number 748-8
Date Filed 7-24-

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 James A. Louisa
Licensed Embalmer No. 3817
P. O. Address St. Charles Ave. St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)
If this body is not embalmed, fact should be so stated above.