FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34162

FILED NOV 12 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9483

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: Alexian Bros Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 yrs (Specify whether
In this community Life
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. Alexian Bros Hospital
3933 S. Broadway

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Henry Gissing

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife

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

7. Birth date of deceased Oct (Month) 20 (Day) 1870 (Year)

8. AGE: Years 78 Months 0 Days 10 If less than one day hr. min.

9. Birthplace St Louis (City, town, or county) Mo (State or foreign country)

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Henry Gissing
13. Birthplace (City, town, or county) Germany (State or foreign country)

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

16. (a) Informant Oscar Eareckson
(b) Address 3438 Russell Blvd

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/2/48 (Month) (Day) (Year)
(c) Place: burial or cremation SS Peter & Paul Cemetery

18. (a) Signature of funeral director J L Ziegenhein & Sons
(b) Address 7027 Gravois Ave

19. (a) NOV 1 1948 (Date received local registrar) (b) J B Lasalle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 30
year 1948 hour 8:00 minute A. M.

21. I hereby certify that I attended the deceased from Jan. 25, 1942 to Oct. 30, 1948; that I last saw him alive on Oct. 29, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Left subdural hemorrhage, arteriosclerosis; Trachea bronchitis

Due to

Due to

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

Major findings:
Of operations

Of autopsy old cerebral sub-dural hemorrhage, arteriosclerosis

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

23. Signature H Unterberg (M. D. ~~or other~~)

Address 325 Frisco Bldg Date signed 9/1/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side) H. UNTERBERG St Louis 1, Mo.

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 W. G. Pelroon

Licensed Embalmer No. 3637

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.