

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 772

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>	
c. LENGTH OF STAY (In this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>2820 S. 17th Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2820 S. 17th Street</u>		d. STREET ADDRESS (If rural, give location) <u>2820 S. 17th Street</u>	

3. NAME OF DECEASED a. (First) <u>Frank</u> b. (Middle) <u>Xavier</u> c. (Last) <u>Giesler</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 9 1949</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>July 4, 1876</u>		9. AGE (In years last birthday) <u>73</u>		10. IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Hardware Mer.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Hardware Store</u>		11. BIRTHPLACE (State or foreign country) <u>St. Joseph, Missouri.</u>	
11. BIRTHPLACE (State or foreign country) <u>St. Joseph, Missouri.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>Frank Giesler</u>		13b. MOTHER'S MAIDEN NAME <u>Helen Moesman</u>		14. NAME OF HUSBAND OR WIFE <u>Lydia R. Giesler</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lydia R. Giesler</u>	
				ADDRESS <u>2820 S. 17th St.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary disease</u>		DUE TO (b) <u>Sclerosis, hypertension.</u>			<u>less than 1 hr.</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>-</u>				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>						

19a. DATE OF OPERATION <u>--</u>		19b. MAJOR FINDINGS OF OPERATION <u>--</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>--</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 2-7, 1949, to 7-9-49, 19  , that I last saw the deceased alive on 3-17, 1949, and that death occurred at 3:30 Pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Robert Smith D.M.D.</u>		23b. ADDRESS <u>218 No 7 St. Joseph, Mo.</u>		23c. DATE SIGNED <u>7/11/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 12, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri.</u>	

DATE REC'D BY LOCAL REG. <u>July 12, 1949</u>		REGISTRAR'S SIGNATURE <u>G. S. Jenkins</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Meierhoffer</u>	
		342		ADDRESS <u>1946 Colhoun St., St. Joseph, Mo.</u>	

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

JUL 27 1949

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 \*\*\*\*\*

\*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* Student Embalmer No. \*\*\*\*\*

working under my personal supervision.

\*\*\*\*\* < \*  
Student .....  
Student Embalmer

Signed *Albert C. Harrison*  
Licensed Embalmer No. 3258 Misso  
P. O. Address St. Joseph, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.