

FILED AUG 17 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28865

BIRTH NO. _____		REG. DIST. NO. <u>1817</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>1204</u>					
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.				b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lemay		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lemay		96					
d. FULL NAME OF HOSPITAL OR INSTITUTION 9520 Forbes ave.				d. STREET ADDRESS (If rural, give location) 9520 Forbes ave.				0			
3. NAME OF DECEASED (Type or Print) a. (First) Rosa			b. (Middle) -----			c. (Last) Gieselmann		4. DATE OF DEATH (Month) (Day) (Year) August 6 1949			
5. SEX Female		16. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH December 30, 1859		9. AGE (In years last birthday) 89			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U S A					
13a. FATHER'S NAME Henry Wiestbusch			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Fred					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME August Gieselmann		17. ADDRESS 9520 Forbes Lemay, Mo.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage (Apoplexy)						INTERVAL BETWEEN ONSET AND DEATH 7 days			
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ----- DUE TO (c) Arteriosclerosis						331 1/2			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus						Chronic			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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) (Min.)		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 <u>Jan 4, 1946</u> to <u>Aug 4, 1949</u> , that I last saw the deceased alive on <u>Aug 6, 1949</u> , and that death occurred at <u>2:45 P.M.</u> , from the causes and on the date stated above.											
23a. SIGNATURE V. J. ...				(Degree or title) M.D.				23b. ADDRESS 7702 Ivory		23c. DATE SIGNED 8/8/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 9, 1949		24c. NAME OF CEMETERY OR CREMATORY St. Pauls Churchyard Cem.		24d. LOCATION (City, town, or county) (State) 7600 Rock Hill Road St. L. Co. Mo.					
DATE REC'D BY LOCAL REG. 8-8-49		REGISTRAR'S SIGNATURE Herbert R. ...		EMBALMER'S SIGNATURE E. Hoffmeister		ADDRESS U.S.E. Co. 7814 S. Broadway					

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

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ps

Dr. R. O. Buckley
9-11
Bailey

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.

Signed *Harry J. Schumacher*

Signed _____
Student Embalmer

Licensed Embalmer No. *2679*

P. O. Address *7814 T. Broadway*

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.