

FILED OCT 27 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35155

State File No. 8596

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		d. STREET ADDRESS (If rural, give location) <u>1930 Belt Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1930 Belt Ave.</u>				d. STREET ADDRESS (If rural, give location) <u>1930 Belt Ave.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Daniel</u> b. (Middle) <u>John</u> c. (Last) <u>Gier</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 7 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>May 18 1901</u>	
9. AGE (In years last birthday) <u>48</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bricklayer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>For Self</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME <u>Daniel Cl Gier</u>		13b. MOTHER'S MAIDEN NAME <u>Lula Herr</u>		14. NAME OF HUSBAND OR WIFE <u>Dorothy Gier</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. <u>492-10-2715</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Dorothy Gier 1930 Belt Ave.</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary edema</u> ANTECEDENT CAUSES DUE TO (b) <u>Mitral stenosis</u> DUE TO (c) <u>Pneumatic ht. disease</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs.</u> <u>years</u> <u>years</u>
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) <u>936</u>		21d. HOW DID INJURY OCCUR? <u>H/6X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>Oct. 1</u> , 19 <u>49</u> , to _____, 19____, that I last saw the deceased alive on <u>Oct. 5</u> , 19 <u>49</u> , and that death occurred at <u>7</u> a. m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Burke Eck</u> (Type or Print)		23b. ADDRESS <u>4701 St. Louis Ave</u>		23c. DATE SIGNED <u>Oct. 7, 49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>10/10/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bethany Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>	
DATE REC'D BY LOCAL HEALTH DEPT. <u>OCT 10 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Fasano</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Drehmann-Harral 1905 Union Blvd.</u>			

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

(2504)

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 Warren A. Carver

Licensed Embalmer No. 3534

P. O. Address \_\_\_\_\_

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.