

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 14 1950

State File No. **42495**  
**11071**  
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. <b>1003</b>	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) <b>ST. LOUIS</b>		c. LENGTH OF STAY (in this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) <b>ST. LOUIS</b>		d. STREET ADDRESS (If rural, give location) <b>4264 CLARENCE AV.</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4264 CLARENCE AV.</b>			d. STREET ADDRESS (If rural, give location) <b>10 4264 CLARENCE AV.</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>JOHN</b>		b. (Middle) <b>ALBERT</b>	c. (Last) <b>GIESE</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>DEC-23-49</b>	
5. SEX <b>M.</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>NOV 2-1883</b>	9. AGE (In years last birthday) <b>66</b>	IF UNDER 1 YEAR Months _____ Days _____
IF UNDER 1 YEAR Hours _____ Min. _____	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MAINTENANCE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Pump Room</b>	11. BIRTHPLACE (State or foreign country) <b>Mo. ( )</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	13a. FATHER'S NAME <b>ALBERT GIESE</b>		13b. MOTHER'S MAIDEN NAME <b>ANNA MILLER</b>	14. NAME OF HUSBAND OR WIFE <b>MINNIE GIESE</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Minnie Giese</b> ADDRESS <b>4264 CLARENCE AV.</b>		
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, ashenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Adeno. Carcinoma of Liver</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____		INTERVAL BETWEEN ONSET AND DEATH <b>3 MONTHS.</b>
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <b>Puncture biopsy revealed adeno. carcinoma</b>			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <b>St. Louis</b> _____ <b>Mo.</b>	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? <b>1.57 A</b>				
22. I hereby certify that I attended the deceased from <b>SEPT. 16, 1949</b> , to <b>DEC. 23, 1949</b> , that I last saw the deceased alive on <b>DEC. 22, 1949</b> , and that death occurred at <b>6:30 A. M.</b> , from the causes and on the date stated above.					
23a. SIGNATURE: <b>E. J. Schner</b> (Degree or title) <b>M.D.</b>			23b. ADDRESS <b>3635 So. Newstead Ave</b>		23c. DATE SIGNED <b>12/23/49</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>DEC 27-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>ST. PETERS, Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS</b> <b>MO.</b>		
DATE REC'D BY LOCAL REG. <b>DEC 24 1949</b>	REGISTRAR'S SIGNATURE <b>J. B. Lasater</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>E. J. Schner</b> ADDRESS <b>3125 Lafayette av</b>		

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

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Joseph J. Hollman*

Signed.....

Student Embalmer

Licensed Embalmer No. *4014*

P. O. Address *3125 Lafayette*

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.