

FILED MAR 28 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10025

State File No. ....

920  
/

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 305 PRIMARY REG. DIST. NO. 4950 Registrar's No. 10

1. PLACE OF DEATH <u>Home Wentzville Mo</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>St Charles</u>		a. STATE <u>MO</u> b. COUNTY <u>St Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wentzville Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wentzville 0920</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>TRUAD 0</u>	
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)
a. (First) <u>Minnie</u> b. (Middle) <u>H</u> c. (Last) <u>GIESSMANN</u>			DATE OF DEATH <u>Feb 22 1950</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov. 28 1856</u>
9. AGE (In years last birthday) <u>93</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>16</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home Duties</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Cappelen MO</u>
13a. FATHER'S NAME <u>John H. Paul</u>		13b. MOTHER'S MAIDEN NAME <u>Sophie Olenburg</u>	14. NAME OF HUSBAND OR WIFE <u>Aug Giessmann</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Herman Fuxer Tronistell MO</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>myocardial degeneration</u>		INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs</u>	
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. <u>4-2-22</u>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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)	
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 <u>Dec 27 1949</u> , to <u>Feb.</u> , 1950 that I last saw the deceased alive on <u>2/20</u> , 1950 and that death occurred at <u>12:30</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>John Murray M.D.</u> (Degree or title)		23b. ADDRESS <u>Wentzville MO</u>	23c. DATE SIGNED <u>2/23/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb 26 50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cappelen</u>	24d. LOCATION (City, town, or county) (State) <u>Cappelen MO</u>
DATE REC'D BY LOCAL REG. <u>Mar 5 1950</u>	REGISTRAR'S SIGNATURE <u>Mark F. Coff</u> <u>408</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E. B. Pittman Funeral Home Wentzville MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

District File Number \_\_\_\_\_  
District Health Officer No. 9  
RECEIVED MAR 25 1950

**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 \_\_\_\_\_  
Student Embalmer

Signed *Wm Bunker*  
Licensed Embalmer No. \_\_\_\_\_

Licensed Embalmer No. *3653*

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.