

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10466

State File No. _____

FILED MAR 28 1950

318

2510

BIRTH NO. _____		REG. DIST. NO. _____		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 Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		d. STREET ADDRESS (If rural, give location) 4500 Shenandoah	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4500 Shenandoah				d. STREET ADDRESS (If rural, give location) 4500 Shenandoah			
3. NAME OF DECEASED (Type or Print) a. (First) Paul		b. (Middle) H.		c. (Last) Giessow		4. DATE OF DEATH (Month) (Day) (Year) 3/14/50	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH Feb. 15, 1877	
9. AGE (In years last birthday) 73		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Accountant		10b. KIND OF BUSINESS OR INDUSTRY ---		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Charles E. Giessow		13b. MOTHER'S MAIDEN NAME Mathilde Petschler		14. NAME OF HUSBAND OR WIFE Ella E. Giessow			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY (If yes, give war or dates of service) 493-07-4575		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss Adelheid Giessow-4500 Shenandoah			
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) Pulmonary Emphysema ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bronchial Asthma, Allergic & Infected DUE TO (c) Cor Pulmonala II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 38 yrs. Jan. Since 1950	
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) 2H1			
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 Sept. 1932 , to March 13, 1950 that I last saw the deceased alive on March 13, 1950 , and that death occurred at 3:45 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Type or Print) Chas E. Eysenach				23b. ADDRESS 634 N. Grand Blvd., City		23c. DATE SIGNED 3-15-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/16/50		24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cem.		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAR 16 1950		REGISTRAR'S SIGNATURE J. B. Sator		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wacker-Heldler 3634 Gravois			

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.....

Frank J. [Signature]

Signed.....
Student Embalmer

Licensed Embalmer No. *2645*

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.