

FILED SEP 25 1952

State File No. ....

BIRTH NO. .... REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8209**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Missouri</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> <b>2193</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis City Hospital #1</b>		d. STREET ADDRESS (If rural, give location) <b>19 4149 Maryland</b>	

3. NAME OF DECEASED (Type or Print) <b>GEORGE Otto KIESEL</b>			4. DATE OF DEATH <b>SEPT. 1, 1952</b>		
a. (First)		b. (Middle)		c. (Last)	

5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>married</b>		8. DATE OF BIRTH <b>Jan 28, 1895</b>		9. AGE (In years last birthday) <b>57</b>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Clerk Receiving</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Room Hotel</b>			11. BIRTHPLACE (City and State or Foreign Country) <b>Germany</b> <b>4</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
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13a. FATHER'S NAME <b>Unknown Kiesel</b>			13b. MOTHER'S MAIDEN NAME <b>Unknown</b>			14. NAME OF HUSBAND OR WIFE <b>Josie Kiesel</b>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>494-24-9870</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Josie Kiesel</b>		ADDRESS <b>4149 Maryland</b>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Alcoholism &amp; Wernicke's Syndrome</b> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <b>Chronic Pyelonephritis</b>				INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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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? <b>307X</b>	
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22. I hereby certify that I attended the deceased from **2-29-52**, 19\_\_, to **9-1-52**, 19\_\_, that I last saw the deceased alive on **9-1-52**, 19\_\_, and that death occurred at **1:25P m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>J. B. Strachan, Jr., M.D.</b> (Degree or title)		23b. ADDRESS <b>1515 Lafayette Avenue</b>		23c. DATE SIGNED <b>9-2-52</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Crementation</b>		24b. DATE <b>Sept 4, 52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Missouri</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo</b>	
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DATE REC'D BY LOCAL REG. <b>SEP 3 1952</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>E.J. Schnur</b>		ADDRESS <b>3125 Lafayette</b>	
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E.P. (Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Jay B. Kollmer

Licensed Embalmer No. 4014

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.