

FILED OCT. 15 1953

 THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

 State File No. **33265**  
 Registrar's No. **9125**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <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 town or town <b>St. Louis Mo</b> )		c. LENGTH OF STAY (In this place) <b>4 yrs 2 mo 20 days</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis Mo</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City, Infirmary Hospital</b>			d. STREET ADDRESS (If rural, give location) <b>5 5609 Chamberlain</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Leora</b>		b. (Middle) _____	c. (Last) <b>Giessow</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>9 20 53</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>Jan. 8, 1883</b>	9. AGE (In years last birthday) <b>70</b>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Jacob, Ill.</b>		12. CITIZEN OF WHAT COUNTRY? <b>/</b>
13a. FATHER'S NAME <b>Clem Daniger</b>		13b. MOTHER'S MAIDEN NAME <b>Lida Farres</b>		14. NAME OF HUSBAND OR WIFE <b>Late Charles E. Giessow</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Charles Giessow 720 Langton Dr.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic Heart Disease</b> years _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Generalized Arteriosclerosis</b> years _____ 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>years</b>
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) _____		21f. HOW DID INJURY OCCUR? <b>4200</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	22. I hereby certify that I attended the deceased from <b>7/1, 1957</b> , to <b>9/20, 1953</b> , that I last saw the deceased alive on <b>9/20, 1953</b> and that death occurred at <b>8:50 AM</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Charles E. Giessow</b>		(Degree or title) _____		23b. ADDRESS <b>5609 Arsenal</b>	23c. DATE SIGNED <b>9/25/53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal (Mtr)</b>	24b. DATE <b>Sep. 23, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Keystone Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Jacob, Ill.</b>		
DATE REC'D BY LOCAL REG. <b>SEP 21 1953</b>	REGISTRAR'S SIGNATURE <b>Carl Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Kriegshauser 4228 S. Kingshighway Bl</b>		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING 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 Richard W. Storrsand

Licensed Embalmer No. 4007

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.