No. 300
10-48

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

FILED OCT 24 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36567

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 2443

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Richmond Hts
c. LENGTH OF STAY (In this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Mary's

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Illinois
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Collinsville 8128
d. STREET ADDRESS (If rural, give location): 600 Merrell Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): VIOLET
b. (Middle): [redacted]
c. (Last): GIGER

4. DATE OF DEATH (Month) (Day) (Year): 10 16 1956

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 3-1-1900
9. AGE (In years last birthday): 56 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): HILLSDALE, ILL.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: James Davis
13b. MOTHER'S MAIDEN NAME: Pearl Brooks
14. NAME OF HUSBAND OR WIFE: Maurice Giger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Maurice Giger
ADDRESS:

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Brain Tumor Glioma — INTERVAL BETWEEN ONSET AND DEATH: undet.

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.*

19a. DATE OF OPERATION: 10-15-56
19b. MAJOR FINDINGS OF OPERATION: Brain Tumor, Malignant Glioma 193x
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-14, 1956, *to* 10-16, 1956, *that I last saw the deceased alive on* 10-16, 1956, *and that death occurred at* 6:10P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Frank A. Palazzo MD (Degree or title)
23b. ADDRESS: 416 Lindell Blvd. St. Louis
23c. DATE SIGNED: 10-17-56

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: 10/20/56
24c. NAME OF CEMETERY OR CREMATORY: Vallhalla
24d. LOCATION (City, town, or county) (State): Belleville Illinois

DATE REC'D BY LOCAL REG.: 10-17-56
REGISTRAR'S SIGNATURE: Herbert A. Domke MD
25. FUNERAL DIRECTOR'S SIGNATURE: Herbert A. Kasch
ADDRESS: Collinsville, Ill.

(Licensed Embalmer's Statement on Reverse Side)

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 not embalmed

Student Embalmer No.

working under my personal supervision.

Student .....
Student Embalmer

Signed Herbert C. Kassel

Licensed Embalmer No. 6890

P. O. Address Collinsville, Ill.

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.