

FILED FEB 18 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-007255
STATE FILE NUMBER
1091

Registration District No. 318 Primary Registration District No. 1003

Registrar's No. 1091

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Affton 4820
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Deaconess		Length of stay in lb 9 days	d. STREET ADDRESS (If outside, give location) 27 8608 Basel
3. NAME OF DECEASED (Type or print) First Middle Last William A. Gieson			4. DATE OF DEATH Month Day Year January 26, 1958
5. SEX D M.	6. COLOR OR RACE W.	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 14, 1897
9. AGE (In years last birthday) 60		FUNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) watch - maker		10b. KIND OF BUSINESS OR INDUSTRY self	11. BIRTHPLACE (City and state or country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? U. S.		13a. FATHER'S NAME Richard Gieson	
13b. MOTHER'S MAIDEN NAME Elizabeth Giege		14. NAME OF HUSBAND OR WIFE Ella Gieson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes W.W.I.		16. SOCIAL SECURITY NO. 329-10-2207	17. INFORMANT Ella Gieson Address 8608 Basel
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia, shock, pyrexia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) CARCINOMA, metastatic to lung, liver, brain DUE TO (c) CARCINOMA OF BRONCHUS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerotic heart disease with cardiac failure			INTERVAL BETWEEN ONSET AND DEATH 24 hours 3 weeks 8 weeks
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. 1621.	
20d. INJURY OCCURRED WHILE AT WORK WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from July 8, 1957 to Jan 26 1958 and last saw him alive on Jan 26, 1958 Death occurred at 10 P. M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Jae W Hawkins MD		22b. ADDRESS 950 FRANCIS PLACE, Clayton, Mo	22c. DATE SIGNED 1/28/58
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE Jan. 28, 1958	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State) Edwardsville, Illinois
24. FUNERAL DIRECTOR ADDRESS Straube Edwardsville, Illinois		25. DATE RECD. BY LOCAL REG. JAN 29 '58	26. REGISTRAR'S SIGNATURE J. Paul Smith, M.D. S.P.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Deriver, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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
Signature of Student Embalmer

Signed *Laverie Kahle*
Licensed Embalmer No. *4596*
P. O. Address *Flouissant,*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.