Health, & Welfare Public Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019384
STATE FILE NUMBER

FILED JUN 12 1958 Registration District No. 307 Primary Registration District No. 6046 Registrar's No. 22

1. PLACE OF DEATH
a. COUNTY St. Charles
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Callaway (Twp) — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Point Prairie Rd — Length of stay in Ib Lifetime

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Charles
c. CITY OR TOWN Callaway (Twp) 0920 0 — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Point Prairie road — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) — First: Frank Middle: H. Last: Giesmann
4. DATE OF DEATH — Month: June Day: 4 Year: 1958
5. SEX: Male b
6. COLOR OR RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: October 10, 1889
9. AGE (In years last birthday): 68 — 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): Farmer & Mailcarrier
10b. KIND OF BUSINESS OR INDUSTRY: Stock & Grain Farm U.S.P.O.
11. BIRTHPLACE (City and state or country): St. Charles Co. Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John Giesmann
14. MOTHER'S MAIDEN NAME: Mathilda Meier
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.: 493-40-7812
17. INFORMANT: Blamche Giesmann Address: Wentzville, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Occlusion — 1 Year
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 5 years.
DUE TO (c) 4201
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ 0

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 10-25-56, to 5-12-58 and last saw ~~her~~ him alive on 5-12-58
Death occurred at 4:30 a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W E Bargesen (Degree or title) DO 22b. ADDRESS Wentzville 22c. DATE SIGNED 6-5-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: June 9, 1958
23c. NAME OF CEMETERY OR CREMATORY: Linn Cemetery
23d. LOCATION (City, town, or county) (State): Wentzville, Missouri

24. FUNERAL DIRECTOR: Marvin Musgrave ADDRESS: Wentzville Mo
25. DATE RECD. BY LOCAL REG.: June 9 1958
26. REGISTRAR'S SIGNATURE: Martin F. Ruff

(Licensed Embalmer's Statement on Reverse Side)

4080

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Howard O Kessler

Licensed Embalmer No. 46

P. O. Address Wintzw

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.