URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 1 9 1959

59-041870

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 210035

ENDED

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b 5 days

c. CITY OR TOWN St. Louis — Inside Limits Yes ☒ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Barnes Hospital — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 4223 Warne — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Edward Middle G. Last Gierer

4. DATE OF DEATH Month Oct. Day 31 Year 1959

5. SEX male

6. COLOR OR RACE white

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 4/7/1913

9. AGE (last birthday) 46 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) plumber

10b. KIND OF BUSINESS OR INDUSTRY building

11. BIRTHPLACE (City and state or country) St. Louis Mo.

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Edward J. Gierer

13b. MOTHER'S MAIDEN NAME Sophie Jansen

14. NAME OF HUSBAND OR WIFE Marjorie Gierer

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. 492 03 6584

17. INFORMANT Marjorie Gierer Address 4223 Warne

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a) Compound Comminuted fracture of Left Leg (infected)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fall during injuries suffered while working on project

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) At Saint Charles Missouri on or about October 21st 1959 in fall from elevation to surface below

20c. TIME OF INJURY ? Hour a.m. p.m. Month, Day, Year 10 21 59

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.) 55 Project

20f. CITY, TOWN, OR LOCATION St Charles COUNTY Mo. STATE

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____

Death occurred at 220 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Joseph M. Quinn Deputy Coron

22b. ADDRESS 1200 Clark

22c. DATE SIGNED 11/2/59

23a. BURIAL, CREMATION, REMOVAL (Specify) burial

23b. DATE 11-3-1959

23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery

23d. LOCATION (City, town, or county) St. Louis (State) Mo.

24. FUNERAL DIRECTOR Buchholz Mortuary ADDRESS 5967 W.Florissant

25. DATE RECD. BY LOCAL REG. NOV 2 1959

26. REGISTRAR'S SIGNATURE Earl Smith. M.D. S.P.

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Stanley H. Dixon

Signature of Student Embalmer

Licensed Embalmer No. 4193

P. O. Address St. Louis

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