6497
S. No. 2
1—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 13 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8595A

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2644

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17
(c) City or town St. Louis 23 9
(If outside city or town limits, write "RURAL")
(d) Street No. 1909 Sidney St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME August Thedore Gissing
3. (b) If veteran, name war No
3. (c) Social Security No. 489-03-0681
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Christine Gissing
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased June 29, 1876 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
65	8	23	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Shipping Clerk Retired
11. Industry or business
FATHER 12. Name Henry Gissing
13. Birthplace Germany 4 (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Don't Know
15. Birthplace Don't Know 9 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Christine Gissing
(b) Address 1909 Sidney St.
17. (a) Removal-Motor (Burial, cremation, or removal) (b) Date thereof March 27, 42 (Month) (Day) (Year)
(c) Place: burial or cremation Trenton Illinois
18. (a) Signature of funeral director Weick Brothers
(b) Address 2201 S. Grand Bl.
19. (a) MAR 24 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23, year 1942 hour 7:30 minute P. M.
21. I hereby certify that I attended the deceased from March 21, 1942, to March 23, 1942 that I last saw him alive on March 23, 1942 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death
Acute colitis
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature M. N. Davis (M. D. or other)
Address 1515 Lafayette Ave. Date signed 3/24/42

84-5 (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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed John Keller

Licensed Embalmer No. ~~3722~~ 3880

P. O. Address 412 Duchouquette St.

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.