

FILED JUL 6 1942 791

State File No. 5417
Registrar's No. 1003

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 5417

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17
9

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Missouri Pacific Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... **about 8 months**
(Specify whether

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED: **000**

(a) State..... **Missouri** (b) County..... **17**

(c) City or town..... **st. Louis** **203**
(If outside city or town limits, write "RURAL")

(d) Street No..... **2700 a Glasgow ave**
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... **0**

3. (a) PRINT FULL NAME..... **Albert William Giessler**

3. (b) If veteran, name war..... **no**

3. (c) Social Security No..... **702-12-5520**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **June** day..... **23rd**
year..... **1942** hour..... **12** minute..... **10 P.** M.

21. I hereby certify that I attended the deceased from..... **Nov. 2nd**
19..... **42** to..... **June 23rd** 19..... **42**
that I last saw h..... **im** alive on..... **6/23**
and that death occurred on the date and hour stated above.

4. Sex..... **male** 5. Color or race..... **white**

6. (a) Single, widowed, married, divorced..... **single**

6. (b) Name of husband or wife.....

6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... **July** **7** **1883**
(Month) (Day) (Year)

Immediate cause of death.....
of carcinoma of

Due to.....
Primary carcinoma of

Due to.....
Acidemia

Other conditions.....
(Include pregnancy within 3 months of death) **Hb**

8. AGE:	Years	Months	Days	If less than one day
58		11	16	hr. min.

9. Birthplace..... **France** **5**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Baggageman**

11. Industry or business..... **Terminal R. R. Assn**

MOTHER FATHER

12. Name..... **unknown**

13. Birthplace..... **unknown** **9**
(City, town, or county) (State or foreign country)

14. Maiden name..... **unknown**

15. Birthplace..... **unknown** **9**
(City, town, or county) (State or foreign country)

Major findings:
Of operations.....

Of autopsy.....

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

16. (a) Informant..... **Mrs. Josephine Meyer**
(b) Address..... **2917 N. 25th street.**

17. (a) **Burial** (b) Date thereof..... **June-25-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **New Picker Cemetery**

18. (a) Signature of funeral director..... **A. Thon L & Co.**
(b) Address..... **2707 N. Grand Blvd**

19. (a) (Date received local registrar)..... **JUN 24 1942**
(b) (Registrar's signature)..... **J. D. Prudek**

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?

While at work?..... (Specify type of place) (e) Means of injury..... **0**

23. Signature..... **Heinz S. Co.** (M. D. or other) **0**
Address..... **Mo. Pac. Hospital** Date signed..... **6/23/42**

2517-91 2.5th

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 F. Krollenberg*

Licensed Embalmer No. *3631*

P. O. Address *2707 N. Grand*

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.