

FILED SEP 18 1942

State File No.

Registration District No.

Primary Registration District No. 1003

Registrar's No. 7473

1. PLACE OF DEATH:

(a) County
(b) City or town. Saint Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3340-A Missouri Ave./
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri. (b) County. 000
(c) City or town. Saint Louis, 17
(If outside city or town limits, write "RURAL") 924
(d) Street No. 3340-A Missouri Ave.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME

Arthur W. Gieson

3. (b) If veteran,
name war.....

3. (c) Social Security
No. 4-93-10-410

4. Sex Male 0 5. Color or
race White

6. (a) Single, widowed, married,
Married
divorced.

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

6. (c) Age of husband or wife if
alive. 46 years

7. Birth date of deceased October
(Month) 8th, 1991
(Day) (Year)

8. AGE: Years Months Days If less than one day
50 10 27 hr. min.

9. Birthplace. Saint Louis, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation. Chauffeur

11. Industry or business

12. Name. Richard Gieson

13. Birthplace. Unknown Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name. Elizabeth Yeidie

15. Birthplace. Unknown Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant. Frances Gieson

(b) Address. 3340-A Missouri Ave.

17. (a) Burial (b) Date thereof. Sept. 8th, 42.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place, burial or cremation. Mount Hope Cemetery.

18. (a) Signature of funeral director. Ziegenfuss Bros,
6409 Gravois Ave.

(b) Address.

19. (a) SEP 8 (b) J. F. Bredeck
(Date received at local office) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 5th.
year 1942. hour 12:15 minute PM.

21. I hereby certify that I attended the deceased from.....
..... 19..... to 19.....;
that I last saw h..... alive on..... 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death. Coronary Occlusion (left)
Duration

Due to.....

Due to.....

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

Major findings:
Of operations.....

Of autopsy.....

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?
.....

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

23. Signature Thomas T. Callanan 3 (M.D. or other)

Address Deputy Coroner Date signed 9/7/42

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

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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 W E Morris

Licensed Embalmer No. 3360

P. O. Address 6409 Shawnee

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.