

ED MAY 29 1943

Registration District No. 317

Primary Registration District No. 2064

Registrar's No. 1213

1. PLACE OF DEATH:

(a) County St. L.

(b) City or town Ferguson, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
No. 9 Patricia Place.
(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 96

(c) City or town Ferguson
(If outside city or town limits, write "RURAL")

(d) Street No. No 9 Patricia Place.
(If rural, give location)

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

3. (a) PRINT FULL NAME Lillian E. Giesilmann.

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21st
year 1943 hour 7 minute 15 P.M.

4. Sex Female

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased April 23 1904
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 3/24 1943 to 3/21 1943 that I last saw her alive on 3/20 1943 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>39</u>	<u>0</u>	<u>28</u>	_____ hr. _____ min.

Immediate cause of death Carcinoma of Cervix

Due to metastases

Duration 1 1/2 yrs

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

Other conditions None
(Include pregnancy within 3 months of death)

Due to _____

10. Usual occupation Housewife.

Major findings: _____

11. Industry or business _____

12. Name Charles Rainer.

13. Birthplace Seigel Illinois.
(City, town, or county) (State or foreign country)

14. Maiden name Dont know

15. Birthplace Dont know
(City, town, or county) (State or foreign country)

Of operations 48a

Of autopsy _____

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

16. (a) Informant Russell Gieselmann

(b) Address No. 9 Patricia Place.

17. (a) Burial (b) Date thereof May 24/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters, Cemetery

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.

(b) Address 5966 Easton Ave, St. Louis, Mo

19. (a) 5-24-43 (b) C. J. Mc Garrison, M.D.
(Data received local registrar) (Registrar's signature)

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 C. J. Mc Garrison (M. D. or other) _____
Address 2606 S. Kings Highway Date signed 5/21/43

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

76
6
0

Dr. L. A. Milliken
Office Hours.
Address ~~2808~~ S. Kingshighway.

2108

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 3454

David C. Gibson, Registered Apprentice No. 346

working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 5966 Easton St. 7

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.