

No. 2
-1/47
-17-39

39686

FEDERAL BUREAU OF INVESTIGATION

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 28 1947

Registration District No.

Primary Registration District No. 1003

Registrar's No. 10122

1. PLACE OF DEATH: **318**

(a) County.....

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

(c) Name of hospital or institution.....
4398b Gibson Ave. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Mo.** (b) County..... **001**

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

(d) Street No. **4398b Gibson Ave.**
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME..... **EDWARD J. GIESELER**

3. (b) If veteran, name war..... **None**

3. (c) Social Security No.

4. Sex..... **Male** 5. Color or race..... **White**

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

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

6. (c) Age of husband or wife if alive..... **73** years

7. Birth date of deceased..... **July 28 1873**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	74	3	12hr.min.

9. Birthplace..... **Chicago Ill.**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Architect**

11. Industry or business..... **For Self**

12. Name..... **Gustav Gieseler**

13. Birthplace..... **Milwaukee Wis.**
(City, town, or county) (State or foreign country)

14. Maiden name..... **Mary Linton**

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

16. (a) Informant..... **Augusta Gieseler**

(b) Address..... **4398b Gibson Ave.**

17. (a) **Burial** (b) Date thereof..... **11-13-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **LAKE CHARLES CEM.**

18. (a) Signature of funeral director..... **Kriegshauser Und Co.**

(b) Address..... **4228 So. Kingshighway Bl.**

19. (a) **NOV 12 1947** (b) **J. F. Prebeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **Nov.** day..... **10**
year..... **1947** hour..... **1:00** minute..... **P.** M.

21. I hereby certify that I attended the deceased from **8/7/47** to **11/10/47**, 19**47**, that I last saw him alive on **11/19/47**, 19**47**, and that death occurred on the date and hour stated above.

Immediate cause of death..... **Cerebral hemorrhage**
Hypertension, arterial
Prostatic hypertrophy X1

Due to..... **10 yrs.**

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings:
Of operations..... **83**

Of autopsy.....

PHYSICIAN
Underline the cause of 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..... (e) Means of injury.....

23. Signature..... **Aug. Simpson** (M. D. or other)
Address..... **3833 W. Emerson St. St. Louis** signed **11/13/47**

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

MOTHER FATHER

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 *Richard W. Stovesand*.....

Licensed Embalmer No. *4007*.....

P. O. Address.....

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.