FILED MAY 5 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14550

Registrar's No. 3792

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

U.S. No. 300
Rev. 10.48

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Louis City Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 25 St. Louis
d. STREET ADDRESS (If rural, give location) 100 N. Broadway

3. NAME OF DECEASED (Type or Print) a. (First) Bernard b. (Middle) H. c. (Last) Giseke

4. DATE OF DEATH (Month) (Day) (Year) 4-23-50

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Feb. 22, 1905

9. AGE (In years last birthday) 45 — If under 1 year: Months / Days — If under 1 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Chicago, Illinois

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Giseke

13b. MOTHER'S MAIDEN NAME Alfrieda Wilson

14. NAME OF HUSBAND OR WIFE Dorothy Giseke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) Nil

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT'S SIGNATURE OR NAME Ill. **ADDRESS** August Giseke 9748 Dodson, Chigago

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION — INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Internal hemorrhage from laceration of right lung. Multiple fractures; When he jumped from a 10 floor window of Ford #10 and fell to the ground below around 10 55 am Apr 23 1950 at City Hospital #1

ANTECEDENT CAUSES — DUE TO (b)

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death*

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION Suicide

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hosp

21c. (CITY, TOWN, OR TOWNSHIP) St Louis **(COUNTY)** Mo **(STATE)**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Apr 23 50 1055 A m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? E978X

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at 1055A m., from the causes and on the date stated above.*

23a. SIGNATURE Patrick E. Taylor (Degree or title) Coroner

23b. ADDRESS 1300 Clark

23c. DATE SIGNED 4-24-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation

24b. DATE 4-26-50

24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory

24d. LOCATION (City, town, or county) (State) St. Louis, Missouri

DATE REC'D BY LOCAL REG. MAR 25 1950

REGISTRAR'S SIGNATURE J. B. Lasater

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 4700 Washington

(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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed.....

Student Embalmer

Signed J. W. M. Bumbaley

Licensed Embalmer No. 3653

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.