

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6123

FILED FEB 23 1951

State File No. _____

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 1391

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> 2159	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Alexian Bro. Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>3746 Meramec Str.</u>	
3. NAME OF DECEASED (Type or Print) <u>Adolph</u>		a. (First) <u>T.</u>	b. (Middle) <u>Gissy</u>
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 8 1951</u>	
5. SEX <u>M.</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 13, 1885</u>
9. AGE (In years last birthday) <u>65</u>		# UNDER 1 YEAR Months <u>2</u> Days <u>5</u>	# UNDER 1 WEEK Hours <u>5</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Dentist</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Brezze Ill.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Charles E. Gissy</u>	
13b. MOTHER'S MAIDEN NAME <u>Christine Albers</u>		14. NAME OF HUSBAND OR WIFE <u>Helen Gissy</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME		ADDRESS	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Aemia</u> ANTECEDENT CAUSES DUE TO (b) <u>Cardiovascular renal disease</u> DUE TO (c) <u>Hypertension</u> 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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>HH2X</u>			
22. I hereby certify that I attended the deceased from <u>Jan 28, 1951</u> , to <u>Feb 8, 1951</u> , that I last saw the deceased alive on <u>Feb 8, 1951</u> , and that death occurred at <u>2:15 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Ad. Hoffmann</u>		23b. ADDRESS <u>2nd D. 16 Hamp ton Village Bldg</u>	
23c. DATE SIGNED <u>2/9/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 12, 1951</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>	
DATE REC'D BY LOCAL REG. <u>FEB 12 1951</u>		REGISTRAR'S SIGNATURE <u>J.B. Laster</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. Schumacher</u>		ADDRESS <u>3013 Meramec Str.</u>	

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

