

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39865

State File No.

FILED NOV 19 1952

BIRTH NO. _____		REG. DIST. NO. <u>305</u>		PRIMARY REG. DIST. NO. <u>1047</u>		Registrar's No. <u>70</u>	
1. PLACE OF DEATH a. COUNTY <u>St Charles</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St Charles</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Foristell</u>		c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Foristell Rural</u>		0070	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>5 mi. south East</u>			
3. NAME OF DECEASED (Type or Print)		a. (First)		b. (Middle)		c. (Last)	
		<u>Julia</u>		<u>Virginia</u>		<u>Giesseman</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Apr. 8-1881</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home duties</u>		11. BIRTHPLACE (State or foreign country) <u>Mo.</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR <u>71</u> Months <u>6</u> Days <u>23</u> IF UNDER 1 HOUR Min.	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Ezekial Ward</u>		13b. MOTHER'S MAIDEN NAME <u>Caroline Pearce</u>		14. NAME OF HUSBAND OR WIFE <u>Harry Giesseman</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Harry Giesseman Foristell Mo</u>		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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension, Chronic</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>5 weeks</u> <u>7 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>				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) <u>Foristell, Rural, St Charles Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>9-29-</u> , 19 <u>50</u> , to <u>10-31-</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>10-24-</u> , 19 <u>52</u> , and that death occurred at <u>1:20 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. R. Beckmeyer M.D.</u> (Degree or title)				23b. ADDRESS <u>Wright City, Mo</u>		23c. DATE SIGNED <u>11/2/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 3-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pearce Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Country, Mo</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 10/1952</u>		REGISTRAR'S SIGNATURE <u>Walter Huff</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>T. B. Pittman</u>		ADDRESS <u>Funeral Home Newtonville Mo.</u>	

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed Annita M. Pittman

Signed _____
Student Embalmer

Licensed Embalmer No. 3055

P. O. Address Kentzville Mo

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.