

FILED JUN 8 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17515

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>1631</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>11 mos</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis (15) MO.</u>		d. STREET ADDRESS (If rural, give location) <u>1201 Riverview Drive</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Clearview Nursing Home</u>				d. STREET ADDRESS (If rural, give location) <u>1201 Riverview Drive</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rudolph</u> b. (Middle) <u>A</u> c. (Last) <u>Gieseke</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 15 1954</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Nov. 9, 1877</u>	
9. AGE (In years last birthday) <u>76</u>		10. MONTHS <u>6</u>		10. DAYS <u>6</u>		10. HOURS <u>6</u> 10. MIN. <u>15</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Grounds Keeper</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Roll Pack</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>WASHINGTON MISSOURI</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>				13a. FATHER'S NAME <u>Henry Gieseke</u>			
13b. MOTHER'S MAIDEN NAME <u>unk</u>				14. NAME OF HUSBAND OR WIFE <u>Mary Burke</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>198-07-1558</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Colleen Hannis - 1201 Riverview</u>			
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 <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Arterio-sclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>21 days</u> <u>2 yrs + 1 mo</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)		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>April</u> , 19 <u>53</u> , to <u>May 13</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>May 13</u> , 19 <u>54</u> , and that death occurred at <u>6:15 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dorothy M. Ellersich M.D.</u>				23b. ADDRESS <u>10695 Bellefontaine Rd</u>		23c. DATE SIGNED <u>5-15-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>5-18-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS, MO.</u>	
DATE REC'D BY LOCAL REG. <u>5/15/54</u>		REGISTRAR'S SIGNATURE <u>Heather R. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STROOT & CARROLL 4600 NATURAL BRIDGE</u>			

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

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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.

Student
Student Embalmer

Signed M. W. Rueter

Licensed Embalmer No. 4865

P. O. Address St Louis, 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.