

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6502

FILED FEB 17 1956

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1218

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Anthony Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>6626 Wise Avenue</b> <i>2049</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Ruby</b>	b. (Middle) <b>M.</b>	c. (Last) <b>Gieselmann</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 3, 1956</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec. 5, 1906</b>
9. AGE (In years last birthday) <b>49</b>		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Saleswork</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Famous-Barr Co.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Jackson, Missouri</b>
			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Birch</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Erwin F. Gieselmann</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Unknown</b>	16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Erwin F. Gieselmann</b>	ADDRESS <b>6626 Wise Ave.</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>aden. carcinoma of vulva &amp; metastasis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>8/53/</b>  <b>1/26/56</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>to st. injured st. iliac region -</b>		
	DUE TO (c) <b>deep ulceration in st. iliac region &amp; severe hemorrhages from deep femoral vessels.</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <b>6/24/54</b>	19b. MAJOR FINDINGS OF OPERATION <b>aden. carcinoma of vulva</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>no</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>176 X</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>none</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 8/24, 1954, to 2/3/56, 1956, that I last saw the deceased alive on 2/2/56, 1956, and that death occurred at 6:30A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Wm. J. Wolawa M.D. F.A.C.S.</b>	23b. ADDRESS <b>3804 Wilxington Dr</b>	23c. DATE SIGNED <b>2/3/56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>Feb. 6, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Paul's Churchyard</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>FEB 4 1956</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith MD</b>	25. FEDERAL DIRECTOR'S SIGNATURE <b>Wacker-Helderle</b>	ADDRESS <b>-3634 Gravois Ave.</b>
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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..

Student.....  
Signature of Student Embalmer

Signed.....  
*Grant J. Howard Sr.*

Licensed Embalmer No. *261*

P. O. Address *W. Lewis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.