

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **9345**

FILED OCT 26 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

| | | | | | | | | | | | | | |
|---|--|---|--|---|--|--|--|---|--|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY | | b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | Length of stay in 1b | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY | | c. CITY OR TOWN St. Louis | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Marian Hospital | | | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) 3914 Bay | | | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| 3. NAME OF DECEASED (Type or print) First Frieda Middle Giesecke Last | | | | | | 4. DATE OF DEATH Month Oct. Day 8 Year 1961 | | | | | | | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH Feb. 26 1882 | | 9. AGE (last birthday) 79 | | IF UNDER 1 YEAR Months 7 Days 12 | | IF UNDER 24 HR Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) Germany | | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | | | | |
| 13a. FATHER'S NAME Hermann Tiechman | | | | 13b. MOTHER'S MAIDEN NAME Emma Bohne | | | | 14. NAME OF HUSBAND OR WIFE Ludwig Giesecke (Deceased) | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) | | | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT Edna Schaper Address 441 Forder Rd. | | | | | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerosis Ch. nephros. chst. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) old age DUE TO (c) 446x | | | | | | | | | | INTERVAL BETWEEN ONSET AND DEATH yo | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | | | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | | | | | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | | | | | | | | |
| 20c. TIME OF INJURY Hour a.m. p.m. | | Month, Day, Year | | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION | | COUNTY | | STATE | |
| 21. I attended the deceased from Jan 1 - 61 to Oct 8 - 61 and last saw her/him alive on Oct. 7 - 61 Death occurred at Oct 8 7:00 A. m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | | | | | | | |
| 22a. SIGNATURE J. S. Payne M.D. (Degree or title) | | | | | | 22b. ADDRESS 2752 S. Chamber | | | 22c. DATE SIGNED 10-9-61 (State) | | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial on | | 23b. DATE Oct. 11, 1961 | | 23c. NAME OF CEMETERY OR CREMATORY Hillcrest Abbey | | | | 23d. LOCATION (City, town, or county) St. Louis, Missouri (State) | | | | | |
| 24. FUNERAL DIRECTOR Schumacher's 3013 Meramec St. ADDRESS | | | | | 25. DATE RECD. BY LOCAL REG. OCT 10 1961 | | | 26. REGISTRAR'S SIGNATURE Loan Smith, M.D. | | | | | |

BY AFFIDAVIT OF

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 Jack Stapp
Licensed Embalmer No. 4746

P. O. Address St Louis

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.