WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. 25493

Township ..... Primary Registration District No. ..... Registered No. 7751

City St. Louis Mo. (No. Alexian Brothers Hospital St. ..... Ward)

2. FULL NAME Rev. Forreol Girardey

(a) Residence. No. 1118 N. Grand Blvd. 21 Ward ..... (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF — — — — — —

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 21, 1839.

7. AGE: YEARS 91 MONTHS 3 DAYS 10 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Catholic Priest
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): France

PARENTS
10. NAME OF FATHER: Not known
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): [illegible]
12. MAIDEN NAME OF MOTHER: [illegible]
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): [illegible]

14. INFORMANT (Address): Rev. Father Skinner 1118 N. Grand Blvd.

15. FILED AUG -3 1930 19 Max C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 31 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1929, to Aug 1, 1930 that I last saw him alive on May, 1931, and that death occurred, on the date stated above, at 3 30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arteriosclerosis - Senility
52
97
162 (duration) 8 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Cancer of left ear
(duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH 1118 N Grand Blvd
DID AN OPERATION PRECEDE DEATH? Yes DATE OF 8/10/29
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Examination

(Signed) John McH Dean, M. D.
8/1, 1930 (Address) Metropolitan Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Kirkwood Mo
DATE OF BURIAL: Aug 4, 1930

20. UNDERTAKER: J J Quinn
ADDRESS: 1530 N Grand Blvd.