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.

NOV 10 1933

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

Do not use this space.

34805

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1772

City St Louis Mo (No. City Infirmary St. ..... Ward)

File No. ..... Registered No. 8976

2. FULL NAME Henry ~~[illegible]~~ Girsch

(a) Residence, No. 8103 Allen Ave. St., 23 Ward. St. Louis Co.
(Usual place of abode) (If nonresident, give city or town and State)

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) April 9. 1873

7. AGE: YEARS 60 | MONTHS 6 | DAYS 6 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipping Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinoise

FATHER

13. NAME Henry Girsch

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Dominica Jacke

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Jordan 5800 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL Calvary Cem. DATE Oct. 18 1933

19. UNDERTAKER (ADDRESS) Jos. W. Clark. 7125 Hodiamont Ave.

20. FILED OCT 17 1933 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1933 to Oct 15, 1933

I last saw him alive on Oct 15, 1933 Death is said to have occurred on the date stated above, at 8:00 p m.

The principal cause of death and related causes of importance were as follows:

Chr myocarditis

93C

Date of onset

Other contributory causes of importance:

8

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Sol Weisman, M. D.

(Address) Isol - Hosp