

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.

APR 25 1934

**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**  
 Township \_\_\_\_\_ Primary Registration District No. **1003**  
 City **St. Louis, Mo.** Station \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. **10805.**  
 Registered No. **2642**

**2. FULL NAME**

(a) Residence, No. **2130 John** St., **9** Ward.  
 (Usual place of abode)  
 (If nonresident, give city or town and State)

Length of residence in city or town where death occurred **1** yrs. **9** mos. **0** 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** *Single*  
**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** \_\_\_\_\_  
**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** *April 8, 1901*  
**7. AGE** YEARS *33* MONTHS *11* DAYS *5* If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
**8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.** *Driver*  
**9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.** *Service Car.*  
**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)** *St. Louis, Mo.*  
**13. FATHER'S BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** *Henry Gerse Girse*  
**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** *St. Louis*

**MOTHER'S BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** *St. Louis*  
**15. MOTHER'S MAIDEN NAME** *Mary Burns*

**17. INFORMANT** *Grace Barry*  
 (ADDRESS) *5600 Osage*

**18. BURIAL, CREMATION, OR REMOVAL**  
 PLACE *Calvary* DATE *3/16/34*

**19. UNDERTAKER** *N. W. Stock and Co*  
 (ADDRESS) *2117 E. Grand*

**20. FILED** *J. F. Bredeck*  
 (ADDRESS) \_\_\_\_\_ Registrar.

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** *Mar 13 1934*  
**22. HEREBY CERTIFY** that I attended deceased from *Mar 13 1934* to *Mar 13 1934*  
 I last saw him alive on *Mar 13 1934* Death is said to have occurred on the date stated above, at *7:30* Am.

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

*Diphtheria, faucial* Date of onset *3-7*  
*Surgical*

Other contributory causes of importance:  
*Streptococcus, Soro*  
*Ulcer*

Name of operation *Emergency tracheotomy*  
 What test confirmed diagnosis? *Clinical* Was there an autopsy? *No*

**23. If death was due to external cause (violence), fill in also the following:**  
 Accident, suicide, or homicide? *No* Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? *No*  
 (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) *John Eschenbrenner*  
 (Address) \_\_\_\_\_

10-22-68

STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State of Mo. }  
County of St. Louis } ss.

State File No. 96 5 27

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 2642

On this 25th day of January, 1943, before me appears  
Mr. W. A. Stock, who, upon his oath, states that the original record of ~~birth~~ death  
for John Girse <sup>died</sup> ~~born~~ March 13, 1934, 19    , in the State of  
Missouri, and which was filed at St. Louis, Mo. on March 16, 1934 should be corrected as follows:

Item No. 2 should read John Girse  
Instead of John Gerrse

Item No. 13 should read Henry Girse  
Instead of Henry Gerrse

Item No.          should read           
Instead of         

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant William A. Stock  
2117 E. Grand Blvd  
Present Address.

Relationship Registrar

Subscribed and sworn to before me this 25 day of Jan, 1943

My Commission expires My Commission Expires March 4, 1945 Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

50801