S. No. 2
—9-4-41
5-17-39
PI X29484

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 14 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22774

Registration District No. 1

Primary Registration District No. 1003

Registrar's No. 6604

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3645 Cote Brilliante Ave. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 5/1
(If outside city or town limits, write "RURAL")

(d) Street No. 3645 Cote Brilliante Ave.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Carl W. Girsch,

3. (b) If veteran, name war No

3. (c) Social Security No. 488-09-7824

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife Catherine Gerst

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased January (Month) 29 (Day) 1877 (Year)

8. AGE: Years 65 Months 5 Days 5 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) 0 Missouri (State or foreign country)

10. Usual occupation Cooler Man

11. Industry or business American Packing Co.

FATHER
12. Name Martin Girsch
13. Birthplace Unknown (City, town, or county) 4 Germany (State or foreign country)

MOTHER
14. Maiden name Eva Bollinger
15. Birthplace Unknown (City, town, or county) 4 Germany (State or foreign country)

16. (a) Informant Henry C Girsch
(b) Address 3645 Cote Brilliante Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 - 5 - 42 (Month) (Day) (Year)
(c) Place: burial or cremation Bethany Cemetery

18. (a) Signature of funeral director Cullinane Bros.
(b) Address 1710 N. Grand Blvd.

19. (a) AUG 5 1942 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 3
year 1942 hour 3 minute 30 a M.

21. I hereby certify that I attended the deceased from Aug 2, 1942, to Aug 3, 1942
that I last saw him alive on Aug. 2, 1942;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Angina Pectoris	2 days
Due to	
Due to	
Other conditions Excess heat (Include pregnancy within 3 months of death)	

Major findings:
Of operations Heat stroke
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) 000
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Geo B Kroeger (M. D. or other) MD
Address 3442 Geraldine Av Date signed 8/4/42

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Fred Frick

Licensed Embalmer No. 3186

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.