

**FILED** SEP 21 1945 **STANDARD CERTIFICATE OF DEATH**

State File No. **29042**  
Registrar's No. **7987**

Registration District No. **318**

Primary Registration District No. **1003**

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

**1. PLACE OF DEATH:**

(a) County **St. Louis**  
(b) City or town **St. Louis**  
(c) Name of hospital or institution: **DePaul Hospital**  
(d) Length of stay: In hospital or institution **10 days**  
In this community **10** years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **000**  
(c) City or town **St. Louis**  
(d) Street No. **2118 E. Warne Ave**  
(e) Citizen of foreign country? **(Yes or No)**  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Annabel W. Girse**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **492-16-0103**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Carl Girse** 6. (c) Age of husband or wife if alive **38** years

7. Birth date of deceased **February 16, 1910**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>35</b>	<b>6</b>	<b>24</b>	hr. min.

9. Birthplace **St. Louis Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Kauffman Caterers**

**11. Industry or business**

12. Name **Geo Wiess**  
13. Birthplace **Unknown Austria**  
14. Maiden name **Unknown**  
15. Birthplace **Unknown Unknown**

16. (a) Informant **Carl Girse**  
(b) Address **2118 E. Warne Ave**

17. (a) **Burial** (b) Date thereof **9/13/45**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Math Hermann & Son**  
(b) Address **2161 East Fair Ave**

19. (a) **SEP 12 1945** (b) *[Signature]*  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **Sept.** day **9**, year **1945** hour **5:35 PM** minute **M.**

21. I hereby certify that I attended the deceased from **Aug 31** to **Sept 9** 19**45**

that I last saw **her** alive on **Sept 9** 19**45** and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

**Pulmonary Embolism**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) **III**

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? **(Specify type of place)** \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature *[Signature]* (M. D. or other) \_\_\_\_\_

Address **1875 Madison** Date signed **9/14/45**

Duration

**10 days**

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

**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 *Gustavo W. R. [Signature]*

Licensed Embalmer No. *329*

P. O. Address. *St Louis, Mo*

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