

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:  
 (a) County **St. Louis**  
 (b) City or town **St. Louis**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **City Hospital 0**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **several hours**  
 (Specify whether **76 years**)  
 In this community **76 years**  
 (years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Missouri** (b) County **St. Louis**  
 (c) City or town **St. Louis**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **2108 East Prairie Ave.**  
 (If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME **Bernardine C. Girse**  
 3. (b) If veteran, name war **None**  
 3. (c) Social Security No. **None**

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **January** day **25th**  
 year **1946** hour **9** minute **30 P. M.**

4. Sex **Female** 5. Color or race **White**  
 6. (a) Single, widowed, married, divorced **Single**  
 6. (b) Name of husband or wife  
 6. (c) Age of husband or wife if alive **20** years (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw h. **er** alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above

7. Birth date of deceased **March 20, 1869**  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>76</b>	<b>10</b>	<b>5</b>	hr. min.

Immediate cause of death **Subdural hemorrhage**  
**2 Occlusion of brain 3 Fracture of ribs when she walked from the rear of one automobile into the path of another being driven by one Walter Paul J. (as the driver of this motor car) around 5:45 PM**  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions **25 1946**  
 (Include pregnancy within 3 months of death)

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

Major findings:  
 Of operations **170**  
 Of autopsy **21**  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

10. Usual occupation **At home**

11. Industry or business  
 12. Name **Joseph Girse**  
 13. Birthplace **Germany 4**  
 (City, town, or county) (State or foreign country)  
 14. Maiden name **Catherine Elsenpeter**  
 15. Birthplace **Germany 4**  
 (City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) **Unavoidable Accident**  
 (b) Date of occurrence **Jan 25 1946 (1946)**  
 (c) Where did injury occur? **St. Louis**  
 (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) **Public street**  
 (e) Means of injury **Car**  
 While at work? \_\_\_\_\_  
 23. Signature **J. J. Bredeck** (M. D. or other)  
 Address **St. Louis** Date signed **1/28/46**

16. (a) Informant **Mrs. Mae Schulze**  
 (b) Address **2108 East Prairie Ave.**  
 17. (a) **Burial** (b) Date thereof **1-30-46**  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Calvary Cemetery**  
 18. (a) Signature of funeral director **N. A. Stock**  
 (b) Address **2117 East Grand Ave.**  
 19. (a) **JAN 28 1946** (b) **J. J. Bredeck**  
 (Date received local registrar) (Registrar's signature)

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

70

2534

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**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

*Frank A. Moore*

Licensed Embalmer No.

*3041*

P. O. Address

*2117 E. 5th St.*

**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.**