FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 20 1948
Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 31023
Registrar's No. 8036

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

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: ST ANTHONYS (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:
(a) State Mo (b) County ST LOUIS 96
(c) City or town OVERLAND (If outside city or town limits, write "RURAL") 13
(d) Street No. 9132 ARGYLE (If rural, give location) 1
(e) Citizen of foreign country? N.R. (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME MARY Catherine GIRARD
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced S D
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept 9 (Month) 1948 (Day) (Year)

8. AGE: Years | Months | Days 1 | If less than one day hr. min.

9. Birthplace St Louis (City, town, or county) Mo (State or foreign country)
10. Usual occupation Nil
11. Industry or business
FATHER
12. Name Edw. Girard
13. Birthplace St Louis Mo (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Virginia Barnes
15. Birthplace St Louis Mo (City, town, or county) (State or foreign country)
16. (a) Informant Edw. Girard
(b) Address 9132 Argyle
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/13/48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem
18. (a) Signature of funeral director Ostmann F. Home
(b) Address Overland Mo
19. (a) SEP 14 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 11th year 1948 hour minute A.M.
21. I hereby certify that I attended the deceased from Sept 10/48, 19, to Sept 11/48, 19; that I last saw h alive on Sept 10/48, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Prematurity with probable congenital heart.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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

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? (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 William Paul Studer (M. D.) or other
Address 539 North Grand Date signed 9/11/48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

8036

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 Al C Ostmann

Licensed Embalmer No. 3478

P. O. Address .....

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.