S. No. 300
V. 10.48

FILED MAR 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10979

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 617

1. PLACE OF DEATH
a. COUNTY: St Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Richmond Hgts
c. LENGTH OF STAY (In this place): 23
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Marys Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: St Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Overland 423X
d. STREET ADDRESS (If rural, give location): 9614 Tennyson

3. NAME OF DECEASED (Type or Print): a. (First) Raymond b. (Middle) W c. (Last) Girard
4. DATE OF DEATH (Month) (Day) (Year): Mar 7 1951
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: June 26 1923
9. AGE (In years last birthday): 27 — If under 1 year: Months 8, Days 11; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student
10b. KIND OF BUSINESS OR INDUSTRY: Mo U.
11. BIRTHPLACE (State or foreign country): St Louis
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: Leo Girard
13b. MOTHER'S MAIDEN NAME: Mary Scott
14. NAME OF HUSBAND OR WIFE: —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): US Navy World War II
16. SOCIAL SECURITY NO.: 495-30-7922
17. INFORMANT'S SIGNATURE OR NAME: Mary Girard — ADDRESS: Overland Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c).

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Yellow Atrophy Liver — Interval between onset and death: 4 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Virus Gastro-Intestinal — 6 days

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR? 580X

22. *I hereby certify that I attended the deceased from* 3-1, 1951, *to* 3-7, 1951, *that I last saw the deceased alive on* 3-7, 1951, *and that death occurred at* 10:15P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Rev. J Rullmann (Degree or title)
23b. ADDRESS: 730 Hodiamont
23c. DATE SIGNED: 3-8-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar 10 1951
24c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
24d. LOCATION (City, town, or county) (State): St Louis Mo

DATE REC'D BY LOCAL REG.: 3/8/51
REGISTRAR'S SIGNATURE: Robert A. Domke MD
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Ortmann F Home 9222 Lackland Overland Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

X _____, working under my personal supervision.

Student Embalmer No. _____

Signed _____
Student Embalmer

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.