

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

3131

State File No.

FILED JAN 28 1953
BIRTH NO. 4703

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 0098

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2089	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hospital		d. STREET ADDRESS (If rural, give location) 952 Elias Ave., 0	
3. NAME OF DECEASED (Type or Print) a. (First) Paul b. (Middle) Vicent c. (Last) Ghirardi			4. DATE OF DEATH (Month) (Day) (Year) Jan 4th, 1953
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Jan 2nd, 1953
9. AGE (In years last birthday) 0 Months 2 Days		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		12. CITIZEN OF WHAT COUNTRY?	
10b. KIND OF BUSINESS OR INDUSTRY none		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME John B Ghirardi		13b. MOTHER'S MAIDEN NAME Mary Louise Keiper	
13c. FATHER'S NAME John B Ghirardi		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		17. INFORMANT'S SIGNATURE OR NAME John B. Ghirardi ADDRESS 952 Elias Ave.,	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) atelectonia congenital. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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	
19a. DATE OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21f. HOW DID INJURY OCCUR? 7620	
22. I hereby certify that I attended the deceased from 1-2 , 19 53 to 1-4 , 19 53 , that I last saw the deceased alive on 1-4 , 19 53 , and that death occurred at 6 p. m., from the causes and on the date stated above.			
23a. SIGNATURE <i>J. Weyril</i> (Degree or title) MD		23b. ADDRESS 8211 N Broadway	
23a. SIGNATURE <i>J. Weyril</i> (Degree or title) MD		23c. DATE SIGNED 1-5-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 1/6/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. JAN 5 1953		25. FUNERAL DIRECTOR'S SIGNATURE <i>Diedrich F. Home</i> ADDRESS 8319 Hallsferry	

(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 _____

working under my personal supervision.

Student Embalmer No. _____

DIETRICH FUNERAL HOME

Signed _____

Licensed Embalmer No. _____

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.