

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34488**

FILED OCT 2 - 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 545 Registrar's No. 2470

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maplewood</u>	c. LENGTH OF STAY (In this place) <u>5 yrs</u>	c. CITY OR TOWN <u>Maplewood</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3511 Manhattan</u>		e. STREET ADDRESS (If rural, give location) <u>3511 Manhattan</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Hanna</u> b. (Middle) <u>K.</u> c. (Last) <u>Girresch</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 17th 1953</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 1st 1892</u>	9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>16</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Industrial Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Defense work</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Essen Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Peter Bierbrauer</u>	13b. MOTHER'S MAIDEN NAME <u>Catherine Gottlieb</u>	14. NAME OF HUSBAND OR WIFE <u>William Girresch</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>494-26-0480</u>	17. INFORMANT'S SIGNATURE OR NAME <u>William Girresch</u>
		ADDRESS <u>Above</u>

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Cardiovascular disease</u> INTERVAL BETWEEN ONSET AND DEATH <u>14 MONTHS</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>General arteriosclerosis</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>443X</u>	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.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1952, to Sept 17, 1953, that I last saw the deceased alive on Sept 16, 1953, and that death occurred at 12:40 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Vincent Townsend MD</u>	23b. ADDRESS <u>3101 Sutton Ave Maplewood</u>	23c. DATE SIGNED <u>9-17-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-19-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lakewood Pk. Cem.</u>
		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>

DATE REC'D BY LOCAL REG. <u>9/18/53</u>	REGISTRAR'S SIGNATURE <u>Heber... K...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>May B. Smith</u>	ADDRESS <u>Funeral Home 456 Manchester, Maplewood, Mo.</u>
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(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, Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed *H. J. Burgess*

Licensed Embalmer No. *402*

P. O. Address *Maple*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.