

FILED APR 21 1955

STANDARD CERTIFICATE OF DEATH

14-959

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 754

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

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Franklin</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Robertson</b>		c. CITY OR TOWN <b>St. Clair</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>1 1/2 hours</b>		STREET ADDRESS (If rural, give location) <b>Virginia Mines Road</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Ford Motor Co Plant</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b> b. (Middle) <b>Henry</b> c. (Last) <b>Girardier</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Apr. 1 1955</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 31, 1919</b>	9. AGE (In years last birthday) <b>35</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Trimmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Car Mfg.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Clair, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>U. B. Girardier</b>	13b. MOTHER'S MAIDEN NAME <b>Bertha Hansel</b>	14. NAME OF HUSBAND OR WIFE <b>Dorothy Girardier</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>	16. SOCIAL SECURITY NO. <b>WW 2 496-14-7998</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Dorothy Girardier</b>	ADDRESS <b>St. Clair, Mo</b>
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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) <b>UNKNOWN NATURAL CAUSES</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES  Morbidity 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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>Herbert R. Domke</b> (free or title) <b>Herbert R. Domke, M.D., Local Registrar</b>	23b. ADDRESS <b>651 S. Brentwood Blvd.</b>	23c. DATE SIGNED <b>4-6-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>April 3, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Zion Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Clair, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>4/2/55</b>	REGISTRAR'S SIGNATURE <b>Herbert R. Domke</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>McGraw &amp; Leroy</b>	ADDRESS <b>St. Clair, Mo</b>
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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 ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *K. M. Levitt*.....

Licensed Embalmer No. *3601*

P. O. Address *St. Clair*

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.