

FILED OCT 10 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32059

State File No.

BIRTH NO. <u>73335-56</u>		REG. DIST. NO. <u>318</u>	PRIMARY REG. DIST. NO. <u>1003</u>	Registrar's No. <u>7854</u>
1. PLACE OF DEATH a. COUNTY		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) <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>8 DAYS</u>	c. CITY OR TOWN <u>Overland</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>Jewish Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>3423-Rex Avenue</u>		
3. NAME OF DECEASED (Type or Print)		a. (First) <u>William</u>	b. (Middle) <u>Allen</u>	c. (Last) <u>Girard</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 23, 1956</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Aug. 15, 1956</u>	9. AGE (In years last birthday) <u>8</u> <input type="checkbox"/> UNDER 1 YEAR Months <u>8</u> <input type="checkbox"/> UNDER 1 HR. Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nil</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Nil</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Edward H. Girard</u>		13b. MOTHER'S MAIDEN NAME <u>Ruth A. Jost</u>	14. NAME OF HUSBAND OR WIFE <u>XXXXXXXXXXXXXXXXXX</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>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Edward H. Girard 3423-Rex Avenue</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</u> ANTECEDENT CAUSES DUE TO (b) <u> </u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Atelectases</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Atelectases Anoxia - Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7605</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Anoxia - Cerebral hemorrhage</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		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 <u>Aug 15, 1956</u> , to <u>Aug 23, 1956</u> , that I last saw the deceased alive on <u>Aug 23, 1956</u> and that death occurred at <u>6:30 P.m.</u> , from the causes and on the date stated above. <u>B-23-56</u>				
23a. SIGNATURE (Name or title) <u>Robt. H. Friedman</u>		23b. ADDRESS <u>2504 Woodson Rd. Overland, Mo.</u>		23c. DATE SIGNED <u>Aug 23-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>8-25-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Pagedale, Mo.</u>
DATE REC'D BY LOCAL REG. <u>AUG 25 1956</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Saymann Bros. Inc. 2504-Woodson Rd-Overland-14-Mo.</u>

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 *Oscar F. Mueller*

Licensed Embalmer No. *3039*

P. O. Address *Overland, Mo.*

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.