

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10302

State File No.

1003

Registrar's No.

2225

FILED MAR 27 1957

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Charles			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Saint Louis		c. LENGTH OF STAY (in this place) 4 days		c. CITY OR TOWN Saint Peter's	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Alexian Brothers Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or Print) Rev. John		a. (First) b. (Middle) H. c. (Last) Girse		4. DATE OF DEATH (Month) (Day) (Year) March 1, 1957	
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH March 12, 1872	9. AGE (in years last birthday) 84	IF UNDER 1 YEAR Months 11 Days 19
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) priest		10b. KIND OF BUSINESS OR INDUSTRY religious		11. BIRTHPLACE (City and State or Foreign Country) Saint Louis, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Joseph Girse		13b. MOTHER'S MAIDEN NAME Mary	
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	
17. INFORMANT'S SIGNATURE OR NAME Frank J. Girse		ADDRESS 12258 Tesson Ferry			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION Saint Louis Co., Mo. INTERVAL BETWEEN ONSET AND DEATH 4 days			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis		DUCE TO (b) Generalized Arteriosclerosis yrs			
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUCE 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 332x		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) St. Louis, Mo.	
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 2/26/57 to 3/1/57, 19, that I last saw the deceased alive on 3/1/57, 19, and that death occurred at 8 A. M., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) R. Meyers, M.D.		23b. ADDRESS 8059 Watson Rd.		23c. DATE SIGNED 3/4/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 5, 1957		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
24d. LOCATION (City, town, or county) (State) Saint Louis, Mo.		DATE REC'D BY LOCAL REG. MAR 6 1957		REGISTRAR'S SIGNATURE Carl Smith, M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE W.C. Dally		ADDRESS 200 St. Charles, 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, Student Embalmer No. working under my personal supervision. .

Student.....
Signature of Student Embalmer

Signed *Frank R. Gualden*

Licensed Embalmer No. *483*

P. O. Address *St. Charles*

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.