

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-004500

FILED VS. FEB 15 1960 317

Registration District No. 590 Primary Registration District No. Registrar's No. 263

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis															
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rock Hill		Length of stay in lb 22 years		c. CITY OR TOWN Rock Hill		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>													
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 9328 Berry Ave.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 9328 Berry Ave.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>												
3. NAME OF DECEASED (Type or print) First WILLIAM Middle E. Last GIRARDIER				4. DATE OF DEATH Month January Day 25 Year 1960															
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 12/25/07		9. AGE (last birthday) 52		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist				10b. KIND OF BUSINESS OR INDUSTRY Rock Hill Quarry		11. BIRTHPLACE (City and state or country) Maupin, Mo.		12. CITIZEN OF WHAT COUNTRY USA											
13a. FATHER'S NAME Eugene Girardier				13b. MOTHER'S MAIDEN NAME Agnes Miller				14. NAME OF HUSBAND OR WIFE Mary Girardier											
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. 489-03-6737		17. INFORMANT Mrs. Mary Girardier, 9328 Berry, Rock Hill, Mo Address													
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized carcinoma DUE TO (b) Esophageal adenocarcinoma DUE TO (c) dist kidney - malnutrition Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Surgery 11-59										PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown									
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)															
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>										20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from Sept 59 to date and last saw her him alive on 1-21-60 Death occurred at St. Louis on the date stated above, and to the best of my knowledge, from the causes stated.																			
22a. SIGNATURE John W. Taylor MD (Degree or title)						22b. ADDRESS 109 N. Taylor St				22c. DATE SIGNED 1-25-60									
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1/27/60		23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery				23d. LOCATION (City, town, or county) (State) Kirkwood, Mo.											
24. FUNERAL DIRECTOR Louis H. Popp, Inc. ADDRESS Kirkwood, Mo				25. DATE RECD. BY LOCAL REG. 1-26-60				26. REGISTRAR'S SIGNATURE John C. Mumfley M.D.											

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Francis J. Wyland Jr

Licensed Embalmer No. 4512

P. O. Address Kirkwood, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.