V. S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 29 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2156

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 8

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

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1. PLACE OF DEATH:
(a) County St. Charles
(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Charles 92
(c) City or town St. Charles 9
(If outside city or town limits, write "RURAL")
(d) Street No. 314 South Second 3
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME John Wayne Girth

3. (b) If veteran, name war NIL
3. (c) Social Security No. NIL

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased January (Month) 22 (Day) 1947 (Year)

8. AGE: Years | Months | Days | If less than one day ..... hr. 9 min.

9. Birthplace St. Charles (City, town, or county) Missouri (State or foreign country)
10. Usual occupation None
11. Industry or business .....

FATHER
12. Name John M. Girth
13. Birthplace St. Charles Co., (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Iola Taylor
15. Birthplace Machens (City, town, or county) Missouri (State or foreign country)

16. (a) Informant John M. Girth
(b) Address 314 S. 2nd-St. Charles, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof Jan 23-1947 (Month) (Day) (Year)
(c) Place: burial or cremation St. Charles Borromeo Cem St. Charles, Mo.
18. (a) Signature of funeral director H. C. Dallmeyer & Sons Co
(b) Address 800 N. 2nd-St. Charles, Mo.
19. (a) 1-25-47 (Date received local registrar) (b) Fannie Hamilton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 22nd day January year 1947 hour 3:00 minute 15 P. M.

21. I hereby certify that I attended the deceased from 3:15 P.M. Jan 22, 1947, to 3:26 PM, 1947; that I last saw him alive on Jan 22 3:26 PM, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Asphyxia due to Atelectasis of both lungs.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Compleat Collapse of left lung partial right lung	

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PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature C. A. Barnard (M. D. or other)
Address St Charles Date signed 1/23/47

(Licensed Embalmer's Statement on Reverse Side)

ZRY

RECEIVED
District Health Officer No. 9
District File Number
Date Filed JAN 28 1947

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 Herbert C. Dallmeyer, Registered Apprentice No. 429, working under my personal supervision.

Signed Joseph I. Lambert

Licensed Embalmer No. 4189

P. O. Address St. Louis

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 this body is not embalmed, fact should be so stated above.