

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-013291

318

1003

3036

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

DOCUMENT

FILED MAR 21 1963

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. _____ b. COUNTY St. Louis _____

c. CITY OR TOWN University City _____ Inside Limits Yes No

d. STREET ADDRESS 8343 Richard Ave. _____ (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
HELEN M. GIRARD

4. DATE OF DEATH Month Day Year
March 14, 1963

5. SEX Female _____ 6. COLOR OR RACE White _____ 7. Married Never Married Widowed Divorced

8. DATE OF BIRTH 8-21-1911 _____ 9. AGE (last birthday) 51 _____

IF UNDER 1 YEAR Months Days Hours Min. _____ IF UNDER 24 HR _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). Grocery clerk _____ 10b. KIND OF BUSINESS OR INDUSTRY Grocery _____ 11. BIRTHPLACE (City and state or country). St. Louis, Mo. _____ 12. CITIZEN OF WHAT COUNTRY USA _____

13a. FATHER'S NAME Fred Girard _____ 13b. MOTHER'S MAIDEN NAME Tillie Frey _____ 14. NAME OF HUSBAND OR WIFE none _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) NO NO _____ 16. SOCIAL SECURITY NO. _____ 17. INFORMANT Fred Girard, 6837 Bartmer Ave. _____ Address _____

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PULMONARY EDEMA _____ INTERVAL BETWEEN ONSET AND DEATH 15 MIN _____

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Acute PNEUMONITIS. _____ 1 WK _____

DUE TO (c) 492X _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) CHRONIC PULMONARY FIBROSIS _____ PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown _____

19. WAS AUTOPSY PERFORMED? YES NO _____ 20a. ACCIDENT SUICIDE HOMICIDE 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 NOT WHILE AT WORK _____ 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 3/7/63 to 3/14/63 and last saw her alive on 3/14/63. Death occurred at 6:40A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Wm K Weber (Degree or title) _____ 22b. ADDRESS 234 W. Broadway Prof Bldg _____ 22c. DATE SIGNED 3/14/63 _____ (State)

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal _____ 23b. DATE Mar. 16, 1963 _____ 23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery _____ 23d. LOCATION (City, town, or county) St. Louis County, Mo. _____ (State)

24. FUNERAL DIRECTOR ADDRESS Kriegshauser 9450 Olive Blvd. _____ 25. DATE RECD. BY LOCAL REG. MAR 15 1963 _____ 26. REGISTRAR'S SIGNATURE Road Smith, M.D. _____

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 William D. White

Licensed Embalmer No. 4291

P. O. Address 5328 Kings Highway

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.