MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

6794

1. PLACE OF DEATH County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1007
City Kansas City (No. 3603 Paseo St. 13th Ward)

File No.
Registered No. 960

2. FULL NAME Simon Hirsch
(a) Residence. No. 3603 Paseo St., 13th Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U.S., if of foreign birth? 25 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Stella Hirsch

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 12 - 1858

7. AGE: 70 YEARS; 6 MONTHS; 15 DAYS; If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Merchant
(b) General nature of industry, business, or establishment in which employed (or employer) Books.
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Wiesbaden
(STATE OR COUNTRY) Germany

PARENTS
10. NAME OF FATHER Alexander Hirsch
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Adel Reis Rodenheimer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany

14. INFORMANT A. J. Rose
(Address) 200 Manheim Rd

15. FILED 7/27/29 M. M. Lo Rose REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 27 - 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct. 1928, to Feb. 27 - 1929, that I last saw him alive on Feb. 26th, 1929, and that death occurred, on the date stated above, at 1:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Coronary occlusion
94B
97
(duration) yrs. 1 mos. ds.

CONTRIBUTORY (SECONDARY) Arterio-sclerosis
(duration) 3 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Usual findings
(Signed) D. S. Gubbrather, M. D.
Feb 27, 1929 (Address) Drexel Bldg.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL (Elmwood) Crematory — DATE OF BURIAL March 1 1929

20. UNDERTAKER Julian R. Davidson — ADDRESS 3124 Troost

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD