

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

Do not use this space.

**1. PLACE OF DEATH**

County Buchanan  
 Township \_\_\_\_\_  
 City St. Joseph (No. St. Joseph Hospital)

Registration District No. 85  
 Primary Registration District No. 1001

File No. 27064  
 Registered No. 1145  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Charles Hirsch

(a) Residence. No. 106 1/2 Francis Street St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 7 yrs. mos. ds. / How long in U.S., if of foreign birth? 42 yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 2, 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
57 4 24

**8. OCCUPATION OF DECEASED.**

(a) Trade, profession, or particular kind of work cigar Clerk  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer J E Davis

9. BIRTHPLACE (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY) Sweden

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY) Unknown

14. INFORMANT J E Davis  
 (Address) 106 1/2 Francis Street

15. FILED 4 1929 John G. [Signature] REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 26 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug 25 1929, to Aug 26 1929, and that I last saw him alive on Aug 26 1929, and that death occurred, on the date stated above, at 10 P. M. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cerebral Hemorrhage following  
injury  
 (duration) yrs. mos. ds. \_\_\_\_\_  
 CONTRIBUTORY fell down stairs  
 (SECONDARY) accidental  
 (duration) 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 Clinical History  
 (Signed) Jorish Thomas M. D.

Aug. 28, 1929 (Address) 801 1/2 Felix

\*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 Memorial Park Cemetery DATE OF BURIAL Oct. 5 1929

20. UNDERTAKER H. C. Sidenfader ADDRESS 1802 Union St.

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.

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 22  
 1929

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