

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

Do not use this space.

20629
~~20797~~

1. PLACE OF DEATH

County..... Registration District No. 701
Township..... Primary Registration District No. 1003
City St. Louis (No. 3866 M. R. R. An. St. _____ Registered No. 5398
St. _____ Ward)

2. FULL NAME

George E. Hirschman
(a) Residence, No. 3866 M. R. R. An. St., _____ Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? 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 Katherine E. Hirschman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 10 - 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
73 5 22

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

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) MO.

10. NAME OF FATHER Anton C. Hirschman

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

12. MAIDEN NAME OF MOTHER Mary Lucie

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

14. INFORMANT Mrs Katherine Hirschman
(Address) 3866 M. R. R. An.

15. FILED LN - 1930 May 2 St. Louis
19 _____ REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 2 1930

17. I HEREBY CERTIFY, That I attended deceased from May 26, 1930, to June 2, 1930
that I last saw him alive on June 1, 1930, and that death occurred, on the date stated above, at 7:25 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

93C
109*
Encephalopneumonia
(duration) _____ yrs. _____ mos. 6 ds.

CONTRIBUTORY (SECONDARY) Myocarditis chronic
(duration) 2 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 course
(Signed) N. Schmeide, M. D.
, 19 _____ (Address) 2708 Lynch St. St. Louis Mo

*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 Calvary Cemetery DATE OF BURIAL June 4 1930

20. UNDERTAKER Petz Bros 3029 Lafayette Ave ADDRESS

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.

Dr. Johnson
2108 Broadway