

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

Do not use this space.

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City **St. Louis** No. **12849<sup>2</sup> Horwood Ave.** St. \_\_\_\_\_ Ward \_\_\_\_\_  
 Registered No. **31571**  
 File No. **9199**

**2. FULL NAME**

(a) Residence No. **2849<sup>2</sup> Horwood Ave.** 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 <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <b>Married</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Ethel Hirschfeld (Joseph)</b>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <b>Jan. 19, 1894</b>		
7. AGE	YEARS <b>39</b>	MONTHS <b>8</b>
	DAYS <b>10</b>	IF LESS than 1 day, ..... hrs. or ..... min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <b>Wire Chief</b> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer <b>So. Western Bell Telephone Co.</b>		
9. BIRTHPLACE (CITY OR TOWN) <b>Bloomington, Ill.</b> (STATE OR COUNTRY)		
PARENTS	10. NAME OF FATHER <b>Albert Hirschfeld</b>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)	
	12. MAIDEN NAME OF MOTHER <b>Maria Wagner</b>	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <b>Bloomington, Ill.</b>	
14. INFORMANT <b>Mrs. Ethel Hirschfeld</b> (Address) <b>2849<sup>2</sup> Horwood Ave.</b>		
15. FILED <b>21</b> 19 <b>Mar 21</b> 19 <b>1930</b> REGISTRAR		

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Sept. 23 1930**

17. I HEREBY CERTIFY, That I attended deceased from **5-14** 19**30**, to **9-22** 19**30**, that I last saw him alive on **9-22** 19**30** and that death occurred, on the date stated above, at **4:30 A. M.**

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
**Streptococcus (meningitis simple) for infection cause unknown**

(duration) ..... yrs. .... mos. **5** ds.  
 CONTRIBUTORY **lung abscess (streptococci)**  
 (SECONDARY) **from infection cause unknown**  
 (duration) ..... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRASTED  
 IS NOT AT PLACE OF DEATH.....  
 DID AN OPERATION PRECEDE DEATH? **yes** DATE OF **7-2-30**  
 WAS THERE AN AUTOPSY? **no**  
 WHAT TEST CONFIRMED DIAGNOSIS? **physical findings**  
 (Signed) **Vincent F. Thompson** M. D.  
 . 19 (Address) **3101<sup>2</sup> Sutton**

\*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 <b>St. PETERS</b>	DATE OF BURIAL <b>Sept. 25 1930</b>
20. UNDERTAKER <b>Math. Hermann &amp; Son</b>	ADDRESS <b>2161 E. Fair Cui.</b>

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.

