

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

Do not use this space.

30870

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township.....  
 City St. Louis (No. 3883<sup>rd</sup> McDonald)  
 Primary Registration District No. 1003

File No.....  
 Registered No. 8584  
 St. .... Ward

**2. FULL NAME**

(a) Residence, No. 3883<sup>rd</sup> McDonald St., 17 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Nicholas Hirth</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 25-1865</u>		
7. AGE	YEARS <u>67</u>	MONTHS <u>4</u>
	DAYS <u>29</u>	If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as splainer, sawyer, bookkeeper, etc. <u>Housework</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at home</u>
	10. Date deceased last worked at this occupation (month and year).....
	11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Illinois

13. NAME  
Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Unknown

15. MAIDEN NAME  
Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Unknown

17. INFORMANT (ADDRESS)  
O. G. Hirth  
4308 Wallace Ave

18. BURIAL, CREMATION OR REMOVAL PLACE  
Our Redeemer DATE 9-27 1931

19. UNDERTAKER (ADDRESS)  
Wagner Seldede  
2331 So Broadway

20. FILED SEP 25 1931 New York Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 24<sup>th</sup> 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 22 1931, to Sept 24 1931  
 I last saw h. or alive on Sept 23 1931 Death is said to have occurred on the date stated above, at 7:30 m.

The principal cause of death and related causes of importance were as follows:

Cardio. Renal Vascular Disease  
131  
131  
 Other contributory causes of importance:  
 Date of onset Sept 1931

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify William Winter M. D.  
 (Signed) 3325 S. Grand Blvd.  
 (Address)

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

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.

