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.

NOV 10 1933

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

Do not use this space.

34837

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. ..... File No. .....

City St. Louis (No. 5853a Cote Brilliante St. ..... Ward) Registered No. 9009

2. FULL NAME Herman Hirsch

(a) Residence, No. 5853a Cote Brilliante St. 6 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 Eva Hirsch

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 27, 1879

7. AGE YEARS 54 MONTHS 8 DAYS 20 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Analyst

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City testing laboratory

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) Roumania

FATHER

13. NAME Moses Hirsch

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

MOTHER

15. MAIDEN NAME unk

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

17. INFORMANT (ADDRESS) Mrs. Martha Davis 5853a Cote Brilliante

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bnai Amoona DATE 10/19 1933

19. UNDERTAKER (ADDRESS) H B Berger 4715 McPherson

20. FILED OCT 18 1933, 19 J F Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 17, 1933, to Oct 17, 1933

I last saw him alive on Oct 17, 1933. Death is said to have occurred on the date stated above, at 4:30 p m.

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

94B Coronary artery occlusion.

Date of onset

Other contributory causes of importance: 94B

Name of operation none Date of —

What test confirmed diagnosis? Physical 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 .....

(Signed) Jim C. Kopelowitz, M. D.

(Address) 730 Mo. Bldg