

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.

MAR 24 1934

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. **3962**, **St Inty**)

File No. **6700**
Registered No. **1550**
St. Ward)

2. FULL NAME

(a) Residence, No. **3962 St Inty**, St. **17** Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female**
4. COLOR OR RACE **White**
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **widow**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 30-1860**
7. AGE YEARS **74** MONTHS **7** 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. **Housewife**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **at home**
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) **St Louis, Mo**

MOTHER FATHER
13. NAME **George Hirsch**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

15. MAIDEN NAME **Mary M. Bentz**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT **Tom Rose Little** (ADDRESS) **3962 St Inty St**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Stonville, Mo** DATE **Feb 12 1934**

19. UNDERTAKER **Fleets Bros** (ADDRESS) **3029 Lafayette Ave**

20. FILED **1003**, 19 **34** **J. J. Biebeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb 10 1934**

22. I HEREBY CERTIFY, That I attended deceased from **2/5/34**, 19, to **2/10/34**, 19..... I last saw him/her alive on **2/7/34**, 19..... Death is said to have occurred on the date stated above, at **6:30** a.m.

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

Coronary thrombosis
Spinal stenosis
Date of onset **2/10/34**

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 (Signed) **OT Hark**, M. D. (Address) **Beaumont Kelly**

Dr. O.P. Falle -

2720

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