

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

Do not use this space.

1. PLACE OF DEATH

95 County St. Gen. Registration District No. 780
 14 Township..... Primary Registration District No. 4466
 City St. Gen. (No.) St. Ward)

File No. 26207
 Registered No. 33

2. FULL NAME

Elizabeth Hirsch
 (a) Residence, No. 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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 5 1859</u>		
7. AGE	YEARS	MONTHS
	<u>75</u>	<u>✓</u>
		DAYS
		<u>27</u>
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House work</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	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) <u>St. Genevieve Co Missouri</u>		
MOTHER	13. NAME <u>John Hirsch</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Baden Germany</u>	
	15. MAIDEN NAME <u>Theresia Patsch</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Baden Germany</u>	
17. INFORMANT <u>Mrs August Hirsch</u>		
(ADDRESS) <u>St. Genevieve Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE	<u>Interment Mo</u>	DATE <u>July 4 1934</u>
19. UNDERTAKER (ADDRESS) <u>St. Genevieve Mo</u>		
20. FILED <u>July 3 1934 T.W. Douglas</u> Registrar.		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2 1934

22. I HEREBY CERTIFY That I attended deceased from Dec 6 1933 to July 2 1934

I last saw h. FR alive on July 11 1934 1934 Death is said to have occurred on the date stated above, at 8:00 pm

The principal cause of death and related causes of importance were as follows:
General Arteriosclerosis
Chronic Nephritis
Haemic Clots Date of onset 6/29/34

Other contributory causes of importance 131

Name of operation None Date of

What test confirmed diagnosis? Clinical 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 RL Lanning (Signed) M. D.
St. Genevieve Mo (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.

AUG 14 1934

