

AUG 6 1935

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

Do not use this space.

28337

1. PLACE OF DEATH  
 County St. Louis Registration District No. 1160  
 Township \_\_\_\_\_ Primary Registration District No. 4470  
 City University City (No. 6263 Helmar Blvd.) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 Registered No. \_\_\_\_\_  
 2. FULL NAME Charles C. Kirsh  
 (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

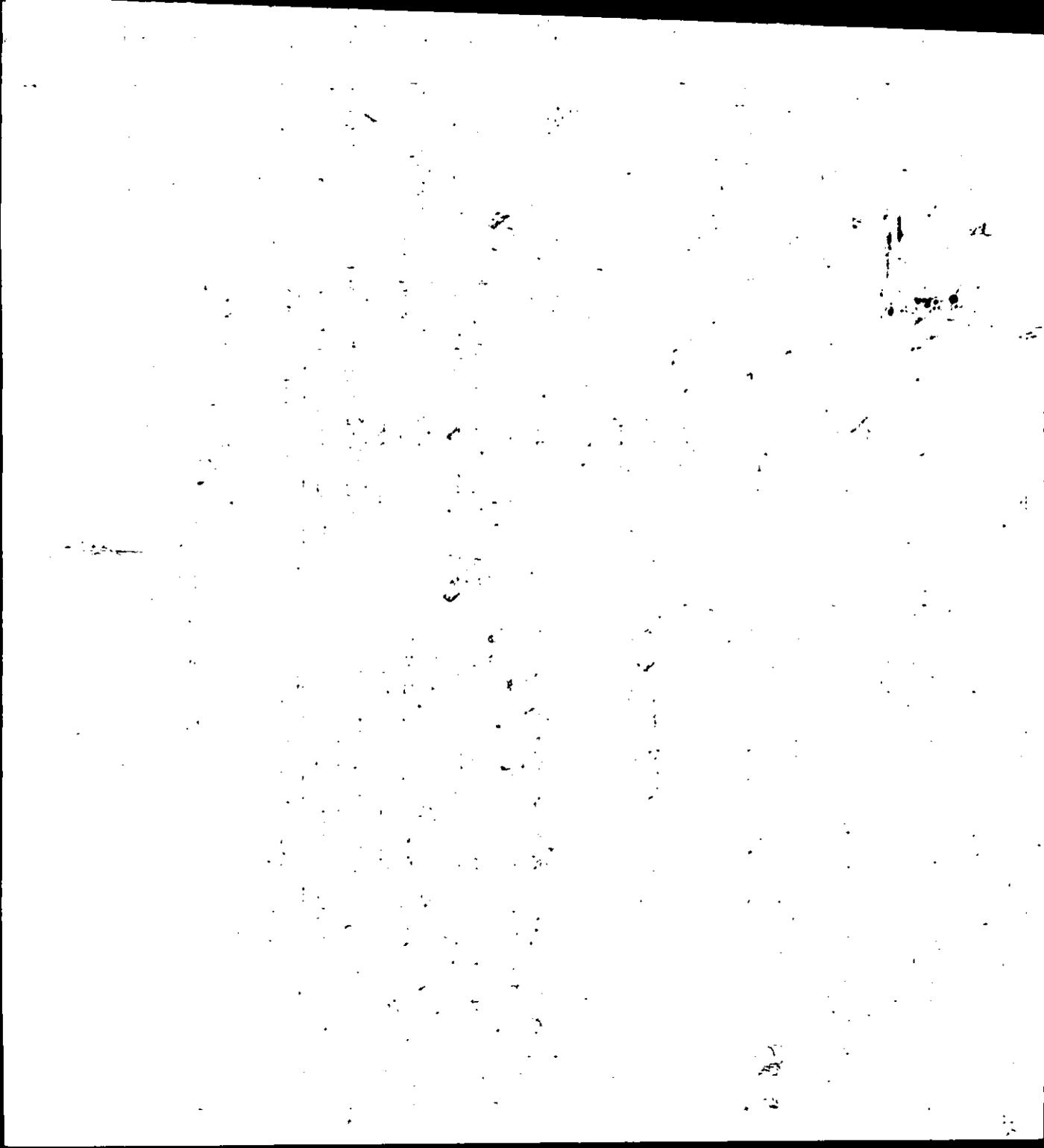
3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rose Kirsh  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 25 - 1865  
 7. AGE YEARS 70 MONTHS 7 DAYS 9 If LESS than 1 day, .....hrs. or .....min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant  
 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) France  
 MOTHER 13. NAME Unknown  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France  
 15. MAIDEN NAME Unknown  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France  
 17. INFORMANT Emanuel Kirsh  
 (ADDRESS) 6263 Helmar  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Not Alive DATE 8-5 1935  
 19. UNDERTAKER H. Ringsdorf  
 (ADDRESS) 5216 Seligman  
 20. FILED 8/5 1935 J. J. Predeck  
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-4 1935  
 22. I HEREBY CERTIFY, That I attended deceased from September 1922 to August 4, 1935  
 I last saw him alive on August 3rd, 1935. Death is said to have occurred on the date stated above, at 10: A. M.  
 The principal cause of death and related causes of importance were as follows:  
Chronic Interstitial Nephritis Date of onset \_\_\_\_\_  
With Pulmonary Oedema  
 Other contributory causes of importance Arterio Sclerosis  
 Name of operation \_\_\_\_\_ 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) J. J. Meredith, M. D.  
 (Address) 1259 W. Kings Highway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. 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.

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CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 26 1935

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS STATEMENTARY.

1. PLACE OF DEATH  
 County St. Louis Registration District No. 1160  
 Township \_\_\_\_\_ Primary Registration District No. 4470  
 City University City No. 6263 Delmar St. \_\_\_\_\_ Ward \_\_\_\_\_  
 Registered No. 85

2. FULL NAME H. Charles B. Hirsch  
 (a) Residence, No. 6263 Delmar st. \_\_\_\_\_ Ward \_\_\_\_\_  
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED W (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Rose Hirsch (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 25, 1855

7. AGE YEARS 79 MONTHS 7 DAYS 9 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant  
 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) France

FATHER  
 13. NAME \_\_\_\_\_  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

MOTHER  
 15. MAIDEN NAME \_\_\_\_\_  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

17. INFORMANT Emmanuel Hirsch (ADDRESS) 6263 Delmar

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Oliv. DATE Aug 5, 1935

19. UNDERTAKER H. Cudskopf (ADDRESS) 3216 Delmar

20. FILED Aug 5, 1935 Lena V. Moeller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 19, 1935 to Aug 4, 1935  
 I last saw him alive on Aug 3, 1935 Death is said to have occurred on the date stated above, at O.A. m.  
 The principal cause of death and related causes of importance were as follows:  
Chronic interstitial nephritis with pulmonary edema Date of onset \_\_\_\_\_  
 Other contributory causes of importance: Arteriosclerosis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Phys. 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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) J. V. Meredith M. D.  
 (Address) 1259 N. Kings Highway

SEP 4 1992

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