

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

Do not use this space.

41209

JAN 13 1936

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St Louis** (No. **11318**)

St. Ward.....

2. FULL NAME

Richard Hirschberg

(a) Residence, No. **1401^{1/2} Angelica** St. **9** 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **12/9**, 19**35**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Kitty Hirschberg (Rogay)**

22. I HEREBY CERTIFY, That I attended deceased from **11/25**, 19**35**, to **12/9**, 19**35**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct 26, 1876**

I last saw him alive on **12/9**, 19**35**. Death is said to have occurred on the date stated above, at **3:20** pm.

7. AGE YEAR **59** MONTHS **#1** DAYS **14** If LESS than 1 day, hrs. or min.

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

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

urinary infection

Date of onset

Other contributory causes of importance: **47**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St Louis Mo**

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

FATHER 13. NAME **Henry Hirschberg**

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

MOTHER 15. MAIDEN NAME **Conaline Fields**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St Louis Mo**

17. INFORMANT (ADDRESS) **Steph S. Kelly**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Catoary** DATE **Dec 11**, 19**35**

19. UNDERTAKER (ADDRESS) **Walter Hermann & Son** (561 East Fair Ave)

20. FILED **DEC 10 1935** 19..... **J. Bredeck** Registrar.

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. Bredeck** M. D.
(Address) **City St Louis**

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. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

