

JAN 13 1936

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

Do not use this space.

41251

1. PLACE OF DEATH

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City St. Louis (No. 6025 Cates)  
St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. **10465**  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Ruth Hirsch

(a) Residence, No. \_\_\_\_\_ St. 5 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 <u>at home</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 14 - 1875</u>		
7. AGE YEARS <u>60</u>	MONTHS <u>3</u>	DAYS <u>23</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>		If LESS than 1 day, _____ hrs. or _____ min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		11. Total time (years) spent in this occupation.
10. Date deceased last worked at this occupation (month and year)		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 9 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 13 1935 to Dec 2 1935

I last saw her alive on Dec 2 1935. Death is said

to have occurred on the date stated above, at 10:45 A.M.

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

Myocarditis chronic Date of onset several yrs.

Other contributory causes of importance:  
Hypothyroidism

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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) R. J. Jansky, M. D.

(Address) 5427 Delmar

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo</u>
	13. NAME <u>Cal Hirsch</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	15. MAIDEN NAME <u>Emily Kaufman</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
17. INFORMANT <u>A. L. Hirsch</u> (ADDRESS) <u>6025 Cates</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Sinai Cem.</u> DATE <u>12-13-35</u> 19 <u>35</u>	
19. UNDERTAKER <u>H. Binderhoff</u> (ADDRESS) <u>5216 Delmar</u>	
20. FILED <u>DEC 11 1935</u> <u>J. Bredeck</u> Registrar.	

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.

