

DEC 3 1936

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

Do not use this space.

38646

1. PLACE OF DEATH

County Phelps
Township
City Rolla

Registration District No. 677
Primary Registration District No. 4403
(No. Rolla Hospital)

File No.
Registered No. 113
St. Ward

2. FULL NAME Eugene Hirsch

(a) Residence, No. Rolla, Mo. St. Ward. (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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (Occupation) Johanna

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 26, 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. of min. 71 4 7

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone Mason

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) Engelshausen, Thuringen (STATE OR COUNTRY) Germany

MOTHER 13. NAME Eugene Hirsch 14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

15. MAIDEN NAME Barbara Engelhardt

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

17. INFORMANT Mrs. Carl Mueller (ADDRESS) Rolla Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Rolla DATE Oct 5 1936

19. UNDERTAKER Mrs. Harry McCaw (ADDRESS) Rolla Mo

20. FILED Oct 5 1936 Jo. F. Ayers Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 10, 1936 to Oct. 3, 1936

I last saw him alive on Oct. 3, 1936 Death is said to have occurred on the date stated above, at 9:00 A.M.

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

Other contributory causes of importance 5

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? If so, specify (Signed) Robert M. Lusk, M. D. (Address) Rolla Mo

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.

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