

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.

MAR 5 - 1937

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

Do not use this space.

1. PLACE OF DEATH

County.....  
Township.....  
City St. Louis, Mo

Registration District No. 791  
Primary Registration District No. 1003  
No. 500 So. Kingshighway

File No. 8619  
Registered No. 3076  
St. ST LOUIS CHILDREN'S Ward 1703 PITAN.

2. FULL NAME Joseph Hirbe

(a) Residence, No. 5443 No. Euclid St. 7 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 Wht 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF child

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-26-1933

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
3 4 23

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. child

10. Date deceased last worked at this occupation (month and year) xxxx 11. Total time (years) spent in this occupation. xx

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Lo. Co.

13. NAME Francis HIRBE

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) City ST LOUIS Mo.

15. MAIDEN NAME Helen Aud

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) City ST LOUIS Mo.

17. INFORMANT T. S. Westhoff (ADDRESS) 500 So. Kingshighway

18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY CEM. DATE 2-20-37

19. UNDERTAKER BROMSCHWIG UND CO'S (ADDRESS) 1746 W. FLORISSANT

20. FILED FEB 19 1937 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-18-1937 19

22. I HEREBY CERTIFY, That I attended deceased from Feb. 14, 1937 to Feb. 18, 1937

I last saw him alive on Feb. 18 th 19. Death is said to have occurred on the date stated above, at 4:30PM

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

Septicemia - Bac. Pyocyaneus 2-5-37  
cause unknown

Other contributory causes of importance: 36

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

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

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) Joseph N. Barlow M. D.

(Address) 500 So. Kingshighway

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