

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

8613
Do not use this space.

REC'D APR 11 1938

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003**
 (c) City **St. Louis Mo.** (d) Street No. **2115a Penrose** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. **2201**

2. PRINT FULL NAME

Philippine Hirschfield 621
 (a) Residence, No. **2115a Penrose St.** St. **9**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED **WIDOWED**
 (OR) WIFE OF **the late George Hirschfield**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct. 8- 1887**

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
50 4 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. **Housework**
 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) **St. Louis Mo.**

FATHER 13. NAME **Wm. Ramspott**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

MOTHER 15. MAIDEN NAME **Walbruege Shene**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT (ADDRESS) **Mrs. Carrie Henry 2115a Penrose St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **Mar. 5-38**, 19**38**

19. FUNERAL DIRECTOR (ADDRESS) **Henry Leckie, H. Geo. 1417 N. Market St.**

20. FILED **MAR 4 1938** **J. D. Proctor**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 25**, 19**38**

22. I HEREBY CERTIFY, That I attended deceased from **August 26**, 19**36** to **Feb. 25**, 19**38**
 Last saw h. **ex.** alive on **Feb. 25**, 19**38** Death is said to have occurred on the date stated above, at **10 P.** m.

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

Chronic Myocarditis

Date of onset

Other contributory causes of importance: **90**

Name of operation..... Date of.....
 What test confirmed diagnosis? **Physical findings** 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 **Marion Bachman**, M. D.
 (Signed).....
 (Address) **4226 N. Broadway Grand Clinic**

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.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No..... or by..... Registered Apprentice No.....
working under my personal supervision.

Signed *John P. Bushley*
Licensed Embalmer No. *1674*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)