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.

REC'D AUG 12 1938

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

23615
Do not use this space.

Registration District No. 1003 791

Primary Registration District No.

Registered No. 6309

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis (d) Street No. 5644 Enright Ave. 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.

2. PRINT FULL NAME Sarah R. Hirschberg 621
(a) Residence, No. 5644 Enright St. 5
(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): Widdowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Henry Hirschberg

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 13-1849

7. AGE: Years 88 | Months 7 | Days --- | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: at home
9. Industry or business in which work was done, as 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) (STATE OR COUNTRY): Russia

FATHER
13. NAME: Nissen Stone
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Russia

MOTHER
15. MAIDEN NAME: unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Russia

17. INFORMANT: Joseph D. Hirschberg
(ADDRESS) 5644 Enright Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Olive Jewish DATE 7-14-38, 19

19. FUNERAL DIRECTOR H. Rindskopf
(ADDRESS) 5216 Delmar

20. FILED JUL 14 1938 J. J. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1921, to July 12, 1938
I last saw h. alive on July 11, 1938. Death is said to have occurred on the date stated above, at 2:15 p.m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrage — Date of onset July 7/38
July 7/38

Other contributory causes of importance:

Name of operation none Date of —
What test confirmed diagnosis? Phy. Ex. 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? no
(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. S. Homan, M. D.
(Address) 4903 Delmar Blvd. St. Louis Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 H Rinckhoff

Licensed Embalmer No. 2207

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