

MAY 10 1939

REC'D JUN 8 1939

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

19799
Do not use this space.

1. PLACE OF DEATH
 (a) County St. Louis Registration District No. 784
 (b) Township _____ Primary Registration District No. 111
 (c) City Richmond Heights (d) Street No. 1421 Silverton Pl. 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Ralph Hirsch
 (a) Residence, No. 1421 Silverton Pl. St. (If nonresident, give city or town and State)

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 (OR) WIFE OF Josephine Hirsch

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 25-1867

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>71</u>	<u>4</u>	<u>14</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Exec. Director

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

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

12. BIRTHPLACE (CITY OR TOWN) New Orleans (STATE OR COUNTRY) La.

FATHER
 13. NAME Aaron Hirsch
 14. BIRTHPLACE (CITY OR TOWN) Alsace Lorraine (STATE OR COUNTRY) _____

MOTHER
 15. MAIDEN NAME Amelia Blochman
 16. BIRTHPLACE (CITY OR TOWN) Alsace Lorraine (STATE OR COUNTRY) _____

17. INFORMANT Jesse Wolfort (ADDRESS) 6136 Westminster

18. CREMATION, OR REMOVAL PLACE Valhalla Crem. DATE May 11 1939

19. FUNERAL DIRECTOR (NAME) Herbert H. Hirsch (ADDRESS) 5216 Delmar Blvd.

20. FILED MAY 10 1939 D. A. Meyer Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/9 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 1939, to 5/9, 1939
 I last saw him alive on 4/30, 1939 Death is said to have occurred on the date stated above, at 7 p.m.
 The principal cause of death and related causes of importance were as follows:
Coronary Occlusion (Thrombosis)
 Date of onset 5/7/39

Other contributory causes of importance: 94 lb

Name of operation _____ Date of _____
 What test confirmed diagnosis? Coronary 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? No
 If so, specify _____
 (Signed) Arthur E. Starn, M. D.
 (Address) 579 N. Grand Ave.

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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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.