

791 STANDARD CERTIFICATE OF DEATH

34129

State File No.

9267

Registration District No. 1003

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution En Route City Hospital
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days 69

3. (a) PRINT FULL NAME Henry HIRBE
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced, or Married
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased _____
(Month) (Day) (Year)

8. AGE: Years about 69 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace _____
(City, town, or county) (State or foreign country)

10. Usual occupation Unknown

11. Industry or business _____

12. Name _____

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature John Hirt

(b) Address 646 West Flourish

17. (a) Removed (b) Date thereof Oct 30 1939
(Month) (Day) (Year)

(c) Place: burial or cremation Riverview, Mo

18. (a) Signature of funeral director Protonical Bon

(b) Address _____

19. (a) OCT 30 1939 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County _____
(c) City or town St. Louis (If outside city or town limits, write "RURAL") IX
(d) Street No. No Home (If rural, give location)

20. DATE OF DEATH: Month 10 day 18 year 1939 hour 11 minute A M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death 1st and 3rd degree Burns of entire body

due to being burned in

Camden Park Oct-18th

1939 Exact time Unknown

Other conditions (Include pregnancy within 3 months of death) None and Wound of same nature

Major findings: Could not be determined

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) From Vehicle

(b) Date of occurrence 10/18/39

(c) Where did injury occur? St. Louis
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place

While at work? _____ (Specify type of place) _____

23. Signature Joseph M. ... (M.D. or other) _____

Address Adoptive ... Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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

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 _____
working under my personal supervision. *myself*, Registered Apprentice No. _____

Signed

Raymond E. Burke

*city license
180*

Licensed Embalmer No. *3985*

P. O. Address *St Louis, Mo*

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.