

No. 2
4-13-40
-17-39
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FILED SEP 5 1940
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

29660

State File No. _____

Registration District No. 284

Primary Registration District No. 111

Registrar's No. 1480

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Rich. Hgh.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Mary's Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community _____ years, months or days

3. (a) PRINT FULL NAME Christine Della Hirschhausen

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Louis Hirschhausen 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 4th 1879
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>60</u> | <u>8</u> | <u>30</u> | hr. _____ min. _____ |

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Unknown Schmidt

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

14. Maiden name Unknown Hoppe

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

16. (a) Informant Louis Hirschhausen

(b) Address 4549 Alcott Ave.

17. (a) Burial (b) Date thereof 8-6-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Pickers Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuar

(b) Address 4228 So. Kingshighway Blvd.

19. (a) AUG 5 - 1940 (b) R. M. Meyer, M.D.
(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")
 (d) Street No. 4549 Alcott Ave.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 3rd
year 1940 hour 3:30 minute P.M. M.

21. I hereby certify that I attended the deceased from July 25, 1940 to August 3, 1940
that I last saw her alive on August 3, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death chronic myocarditis
general arteriosclerosis
 Due to C. Hypertension
cerebral arteriosclerosis
 Due to hypertoxicosis
multiple sclerosis
 Other conditions 666
 (Include pregnancy within 3 months of death)

Duration _____
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

Major findings: subnormal
toxic adenoma of thyroid
 Of operations _____
 Of autopsy _____

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature R. M. Meyer, M.D. (Specify type of place) (e) Means of injury _____
 Address 827 Metropolitan Square Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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 *Edwin M. Dermott*
Licensed Embalmer No. *3024*

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, fact should be so stated above.