

No. 2  
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7-39  
X214

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **33791**  
Registrar's No. **8488**

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town **ST. LOUIS**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **2603 N. 20<sup>th</sup> ST.** **2**  
(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 **MARY HIRT**

3. (b) If veteran, name war **NO.** 3. (c) Social Security No. **NO.**

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **WIDOW**  
6. (b) Name of husband or wife **SOLOMAN HIRT** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **AUG. 15** **1864**  
(Month) (Day) (Year)

8. AGE: Years **76** Months **1** Days **27** If less than one day hr. min.

9. Birthplace **IRELAND** 5  
(City, town, or county) (State or foreign country)

10. Usual occupation **NIL** 5

11. Industry or business \_\_\_\_\_ 5

12. Name **PATRICK JONES** 5

13. Birthplace **IRELAND** 5  
(City, town, or county) (State or foreign country)

14. Maiden name **BRIDGET** 9  
(City, town, or county) (State or foreign country)

15. Birthplace **IRELAND** 5  
(City, town, or county) (State or foreign country)

16. (a) Informant **Elizabeth Ryan**

(b) Address **2603 N. 20<sup>th</sup> ST.**

17. (a) **BURIAL** (b) Date thereof **OCT 15 1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **CALVARY CEM.**

18. (a) Signature of funeral director **E. J. Schmur**

(b) Address **3125 Lafayette Ave.**

19. (a) **OCT 14 1940** (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County \_\_\_\_\_  
(c) City or town **ST. LOUIS** **20**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **2603 N. 20<sup>th</sup> ST.**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

no attending physician

20. DATE OF DEATH: Month **OCTOBER** day **12**  
year **1940** hour **1** minute **15** p. 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 **Arteriosclerosis;**  
**Senility.** Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **Thos. J. Perry** (M. D. or other) \_\_\_\_\_

Address **Capital Square** Date signed \_\_\_\_\_

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette

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

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