

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.

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

10274  
Do not use this space.

FILED APR 11 1941

1. PLACE OF DEATH

(a) County Cape Girardeau Registration District No. 625  
 (b) Township " Primary Registration District No. 3009 Registered No. 95  
 (c) City " (d) Street No. So. E. Mo. Hospital (If death occurred in Hospital or Institution, write its name instead of street and number) St.  
 (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 Ida Hirsch

(a) Residence, No. 210 So Pacific St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 18-1861  
 7. AGE YEARS 79 MONTHS 8 DAYS 16 If LESS than 1 day, ..... hrs. or ..... min.  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework  
 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) Cape Girardeau Mo.

FATHER 13. NAME Christ Hirsch

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Katherine Sehnade

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs Emil Sebastian Cape Girardeau Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Lorraine Cem DATE Mar 7<sup>th</sup> 1941

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Walthers Und. Co Cape Girardeau Mo.

20. FILED 3-11-41 H. J. Thompson Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 5 1941

22. I HEREBY CERTIFY, That I attended deceased from Mar 4, 1941, to Mar 5, 1941  
 I last saw him alive on Mar 5, 1941. Death is said to have occurred on the date stated above, at 10:50 A.M.  
 The principal cause of death and related causes of importance were as follows:

Chronic Bronchitis with Bronchiectasis  
Multiple Lung Abscesses

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis Phys Exam 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? Yes  
 If so, specify George J Walker M. D.  
 (Signed) \_\_\_\_\_ (Address) Cape Girardeau Mo

**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 *J. S. Rister*

Licensed Embalmer No. *3980*

P. O. Address *Cape Girardeau, 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.**