

FILED MAY 13 1941
791

Registration District No. _____ Primary Registration District No. **1003**

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

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: **Jewish 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 FULLNAME **CAROLINE HIRTZ**

3. (b) If veteran, name war. **no** 3. (c) Social Security No. **494-07-9258**

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

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

7. Birth date of deceased **Sept. 2, 1889**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
51	7	10	hr. _____ min. _____

9. Birthplace **Alsace-Lorraine**
(City, town, or county) (State or foreign country)

10. Usual occupation **Cook**

11. Industry or business _____

12. Name **Alexander Hipp**

13. Birthplace **Alsace-Lorraine**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

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

16. (a) Informant **Robert Hipp**

(b) Address **3003 MINNESOTA**

17. (a) **Burial** (b) Date thereof **April 15-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Old SS. Peter & Paul**

18. (a) Signature of funeral director **Wm C. Mayfield**

(b) Address **1926 Allen Ave.**

19. (a) **APR 14 1941** (b) **J. F. Bredbeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**

(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")

(d) Street No. **2127 S. 12th St.**
(If rural, give location)

(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **12th**
year **1941** hour **3:40** minute _____ M.

21. I hereby certify that I attended the deceased from **10/21/40**
to **4/12/41**, 1941
that I last saw her alive on **4/11/41**, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death **Hemiplegia, right**
caused by cerebral hemorrhage

Due to **Hypertension**

Due to **30d**

Other conditions **arteriosclerosis**
arteritis syphilitica

Major findings: **34**

Of autopsy **arteritis - Dil. arter.**
Larg. Heart - Brain pathology.

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 **H. Straub** (M. D. or other) _____
Address **538 N. Grand** Date signed **4/12/41**

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.....

Beng C. Duncan

Licensed Embalmer No.....

2272

P.O. Address.....

1926 Allen

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.