

No. 2
-1-4-41
5-17-39
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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **13136**
Registrar's No. **3566**

MAY 13 1941
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:
321 So. Broadway
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **321 So. Broadway**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Edward Hirschi**
3. (b) If veteran, name war **Unknown** 3. (c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **April** day **24th**
year **1941** hour **2:30** minute **P.** M.

4. Sex **Male** 5. Color or race **White**
6. (b) Name of husband or wife **Theresa**
7. Birth date of deceased **Sept. 22 1871**
(Month) (Day) (Year)

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.

8. AGE: Years **69** Months **7** Days **2**
If less than one day _____ hr. _____ min.

Immediate cause of death _____
Broncho-Pneumonia;
Cardiac Hypertrophy

9. Birthplace **Highland Illinois**
(City, town, or county) (State or foreign country)

Due to _____
Due to _____
Other Conditions _____
(Include pregnancy within 3 months of death)

10. Usual occupation **Retired Farmer**

11. Industry or business _____

MOTHER FATHER { 12. Name **Frederick Hirschi**
13. Birthplace **Switzerland**
(City, town, or county) (State or foreign country)
14. Maiden name **Louisa Rickher**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant **Clarence Hirschi**
(b) Address **1552 Lafayette Ave.**

17. (a) **Removal** (b) Date thereof **4/25/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Highland, Ill.**

18. (a) Signature of funeral director **Albert H. Hoppe**
(b) Address **4700 Washington Ave.**

19. (a) **APR 25 1941** (b) **J. H. [Signature]**
(Date received local registrar) (Registrar's signature)

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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury **3**
23. Signature **James J. [Signature]** (M.D. or other) _____
Address _____ Date signed _____

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

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.....

Isig W. Wilkinson

Licensed Embalmer No.....

2575

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.