

Registration District No. 1943 318

Primary Registration District No. 1003

Registrar's No. 1677

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

1. PLACE OF DEATH:

(a) County..... St. Louis, Missouri

(b) City or town..... St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
3666a Botanical Ave. /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... Unknown (Specify whether years, months or days)

3. (a) PRINT FULL NAME Minnie Hirsch

3. (b) If veteran, name war..... --

3. (c) Social Security No..... --

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Charles Hirsch

6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased February 28, 1870  
(Month) (Day) (Year)

8. AGE: Years 72 Months 11 Day 20 If less than one day hr. min.

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

10. Usual occupation At home

11. Industry or business

12. Name Charles Hoffmann

13. Birthplace Highland, Illinois /  
(City, town, or county) (State or foreign country)

14. Maiden name Josephine Schneider

15. Birthplace Edwardsville, Illinois /  
(City, town, or county) (State or foreign country)

16. (a) Informant Ida Hirsch

(b) Address 3666a Botanical Ave.

17. (a) Burial, cremation, or removal Burial (b) Date thereof 2 22 43  
(Month) (Day) (Year)

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

18. (a) Signature of funeral director *Walter Haldub Ind. Co.*

(b) Address 3634 Gravois Avenue

19. (a) FEB 19 1943 (Date received by registrar)

*J. F. Busch* (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 3666a Botanical Ave.  
(If rural, give location)

(e) Citizen of foreign country? -- (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February, day 19, year 1943, hour 4, minute 40 A.M.

21. I hereby certify that I attended the deceased from May 1st, 1941 to February 12th, 1943; that I last saw her alive on Feb. 12, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac collapse

Due to Chronic nephritis Of long standing  
Gangrene of left foot

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 *W. Jungk D.* (M. D. or other)

Address 2278 S. Jefferson Date signed 2-19-43

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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 Robert Wheeler  
Licensed Embalmer No. 2128  
P. O. Address St Louis 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, fact should be so stated above.**