

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 20 1943
Registration District No. 318

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. _____
Registrar's No. 2389

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5116 St Louis Ave. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 50 years in St Louis (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 12 6
(c) City or town 5116 St Louis Ave. St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: LUCAS HIRSCH

3. (b) If veteran, name war 492-03-4279 (c) Social Security No. 0-5-1120

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Katherine Hirsch 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased Oct 18 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 4 22 hr. 4 min.

9. Birthplace Germany (City, town, or county) (State or foreign country) 4

10. Usual occupation BREWERY WORKER

11. Industry or business Hyde Park Brwey

12. Name Lucas Hirsch

13. Birthplace Germany (City, town, or county) (State or foreign country) 4

14. Maiden name Unknown

15. Birthplace Germany (City, town, or county) (State or foreign country) 4

16. (a) Informant Katherine Hirsch

(b) Address 5116 St Louis Ave.

17. (a) Burial (b) Date thereof March 13 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old Ss Peter & Paul

18. (a) Signature of funeral director Strobel & Son

(b) Address 2906 Gravois Ave.

19. (a) MAR 12 1943 (b) J.F. Beedeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10, year 1943 hour 9 minute 30.0 M.

21. I hereby certify that I attended the deceased from Jan 25, 1943, to March 10, 1943; that I last saw him alive on March 10, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Inoperable carcinoma of bowel 1 yr

Due to 1/10 Chronic Myocarditis 2 yrs

cardiac asthma 2 yrs

Other conditions Broncho Pneumonia 2 days
(Include pregnancy within 3 months of death)

Major findings: Of operations Jan 27, 1943. carcinoma of bowel. Inoperable.
Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

48 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 Richard W. Maxwell, M.D. (M. D. or other) _____

Address 5146 St. Louis Ave. Date signed 3-11-43

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

MOTHER FATHER

Le 3000

Ch 2601

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.....

Herdutes

Licensed Embalmer No.....

1619

P. O. Address.....

2906 Groves

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.