

**FILED MAY 27 1943**

Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis**  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Park Lane 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)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **96**  
(c) City or town **Clayton** **3 NR**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **6312 Southwood**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Max Hirschfeld**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife **Pauline Hirschfeld** 6. (c) Age of husband or wife if alive **57** years

7. Birth date of deceased **February 1 1881**  
(Month) (Day) (Year)

8. AGE: Years **62** Months **3** Days **14** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **Retired**

11. Industry or business **Salesman**

MOTHER FATHER { 12. Name **unknown**  
13. Birthplace **Germany** 4  
(City, town, or county) (State or foreign country)  
14. Maiden name **unknown**  
15. Birthplace **Germany** 4  
(City, town, or county) (State or foreign country)

16. (a) Informant **Benjamin Hirschfeld**  
(b) Address **6312 Southwood**

17. (a) **Burial** (b) Date thereof **5-17-1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Chesed Shel Emeth**

18. (a) Signature of funeral director **Herman Rindskopf**  
(b) Address **5216 Delmar Blvd.**

19. (a) **MAY 10 1943** **J. F. Bredeck**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **15**  
year **1943** hour **4:30** minute **9** A. M.

21. I hereby certify that I attended the deceased from **May 6**, 19**43**, to **May 15**, 19**43**,  
that I last saw him alive on **May 14**, 19**43**,  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage** Duration **7 days**  
Due to **accident May 6 - 1943**  
**Injury to brain**  
Due to \_\_\_\_\_

Other conditions **Arterial Hypertension** 4 yrs.  
(Include pregnancy within 3 months of death)

Major findings: **none** PHYSICIAN  
Of operations **none**  
Of autopsy **none**  
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) **accident**  
(b) Date of occurrence **May 6**  
(c) Where did injury occur? **St. Louis city Mo**  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**Place of business**  
While at work? **yes** (Specify type of place) (e) Means of injury **Fall**  
23. Signature **J. F. Bredeck** (M. D. or other) **m.d.**  
Address **3903 Olive St.** Date signed **5/10/43**

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

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**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

*Chas. W. Cooper*

Licensed Embalmer No.

*3830*

P. O. Address

*5216 Delmar*

**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.**