

FILED JUN 25 1943 **818**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
 (a) County **St. Louis**
 (b) City, or town **St. Louis**
 (c) Name of hospital or institution: **Jewish Hospital**
 (d) Length of stay: In hospital or institution _____
 In this community _____
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **96**
 (c) City or town **University City** (d) Street No. **6263 Delmar**
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **LEO HIRSCH**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **488-01-7830**

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

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

7. Birth date of deceased **December 8 1879**
 (Month) (Day) (Year)

8. AGE: Years Months Days **7** If less than one day
63 **6** **25** hr. _____ min.

9. Birthplace **St. Louis Missouri**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Shoe Cutter**

11. Industry or business **Shoe Mfg.**

12. Name **Charles C. Hirsch**

13. Birthplace **France 5**
 (City, town, or county) (State or foreign country)

14. Maiden name **Rose Rosenberg**

15. Birthplace **Poland 7**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Joe Siegel**

(b) Address **6263 Delmar**

17. (a) **Burial** (b) Date thereof **6 - 17 - 43**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Olive Cemetery**

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

19. (a) **JUN 16 1943** (b) **J. F. Bredek**
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **15**
 year **1943** hour **10** minute **4** M.
 21. I hereby certify that I attended the deceased from **June 5**
 to **June 15** 19**43**

that I last saw him alive on **June 14** 19**43**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Infarction of pons cerebri**

Due to **cerebrovascular sclerosis**

Due to **Hypertension 1 Ses. yrs**

Other conditions **82**
 (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy **Degeneration of pons cerebri**

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 **R. Dremer** (M. D. or other) _____
 Address **6235 Delmar** Date signed **6/15/43**

Duration

1 wks

years

PHYSICIAN

Underline the cause to which death should be charged statistically.

REC'D
MAY 11 1951

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.