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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LED NOV 20 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39124

Registration District No. 317

Primary Registration District No. 2002

Registrar's No. 2541

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town ~~[illegible]~~ University City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
7307 Northmoor Dr.
(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 St Louis 96

(c) City or town University City
(If outside city or town limits, write "RURAL")

(d) Street No. 7307 Northmoor Dr.
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Jeannette Hirsh

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 Married

6. (b) Name of husband or wife Alfred Hirsh

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Nov. (Month) 19 (Day) 1895 (Year)

8. AGE:

Years	Months	Days	If less than one day
47	11	24	hr. min.

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

10. Usual occupation at home

11. Industry or business

FATHER
12. Name Charles T. Wall
13. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Mollie Hyman
15. Birthplace Chattanooga (City, town, or county) Tenn. (State or foreign country)

16. (a) Informant Alfred Hirsh

(b) Address 7307 Northmoor Dr.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-16-1943 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Sinai Cemetery

18. (a) Signature of funeral director Herman Rindskopf

(b) Address 5216 Delmar Blvd.

19. (a) NOV 17 1943 (Date received local registrar) (b) E. G. McGavran, M. D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 13
year 1943 hour 10 minute A M.

21. I hereby certify that I attended the deceased from Nov. 9, 1943 to Nov. 13, 1943; that I last saw her alive on Nov. 12, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Myocarditis	5 days
Due to Chronic Interstitial Nephritis	1 yr.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

131 b

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 .....

(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 .....

23. Signature Helen Lanerson (M. D. or Coroner)

Address 720 Metropolitan Bldg Date signed 11/13/43

(Licensed Embalmer's Statement on Reverse Side)

JAN 2 0 1944

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 William Herons

Licensed Embalmer No. 4319

P. O. Address 5216 Delmar Bl

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.