

FILED MAR 27 1944 318  
Registration District No. ....

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: Jewish 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 University City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6816 Washington  
(If rural, give location) NR  
(e) Citizen of foreign country? / (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Sarah S. Hirsch

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

4. Sex Female 5. Color or race Wh. 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Bernard Hirsch 6. (c) Age of husband or wife if alive 1861 years

7. Birth date of deceased Dec, 17 1861  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
82 2 28 hr. min.

9. Birthplace Nashville Tenn. /  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

12. Name unknown  
13. Birthplace Austria /  
(City, town, or county) (State or foreign country)  
14. Maiden name unknown  
15. Birthplace Austria /  
(City, town, or county) (State or foreign country)

16. (a) Informant Bernie Hirsch

(b) Address 7383 Norwood

17. (a) Burial (b) Date thereof 3-17-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Mt. Sinai Cemetery

18. (a) Signature of funeral director Herman Rindshof  
(b) Address 5216 Delmar Blvs.

19. (a) MAR 17 1944 (b) J. F. Bredetz  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15  
year 1944 hour 7 minute 00 P. M.

21. I hereby certify that I attended the deceased from Dec 11, 1943 to March 15, 1944  
and that death occurred on the date and hour stated above. March 15, 1944

Immediate cause of death Cerebral Thrombosis Duration 3 mo.

Due to 83

Other conditions Arteriosclerosis, Scurvy  
(Include pregnancy within 3 months of death)

Major findings: Of operations..... Of autopsy..... 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? (c) Means of injury 702  
Signature Herzog Dr. Meyer (M. D. or other) 702  
Address 508 N Grand Date signed 3/17/44

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

MOTHER FATHER

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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 *John Ketter*.....

Licensed Embalmer No. *3830*.....

P. O. Address. *4355 Washington*.....

**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.**