S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 8 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28470

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 2130

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Normandy (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: O'Sullivan Nursing Home 4 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 months (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 080

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 2142 Alice Ave (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Oscar W. Hirschberg

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Friedericka E. Hirschberg nee Wehmeier

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

7. Birth date of deceased January 12, 1880 (Month) (Day) (Year)

8. AGE: Years 65 Months 7 Days 18 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Henry Hirschberg
13. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Katherine Walther
15. Birthplace Centralia (City, town, or county) Ills. 1 (State or foreign country)

16. (a) Informant Miss Aurelia Hirschberg

(b) Address 2142 Alice Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/3/45 (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) 9-1-45 (Date received local registrar) (b) C. G. McGavern Mo (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 30, year 1945 hour 7:00 AM minute M.

21. I hereby certify that I attended the deceased from Jan 10, 1945 to Aug 30, 1945 that I last saw him alive on Aug 27, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis

Due to 93d

Due to

Other conditions Rt sided Hemiplegia (Include pregnancy within 3 months of death)

Major findings:
Of operations
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

(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 A. A. Wild (M. D. or other)

Address 3901 W. Florissant Date signed 8/31/45

(Licensed Embalmer's Statement on Reverse Side)

NOV 6 1945

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: Gustav W. Dietrich

Licensed Embalmer No. 4329

P. O. Address: St. Louis, Mo.

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.