

S. No. 2  
M-5-43  
5-17-39  
X3667

**FILED** DEC 12 1945  
318

1003

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

**1. PLACE OF DEATH:**

(a) County St. Louis

(b) City or town St. Louis

(c) Name of hospital or institution: 1922a Union Blvd.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days)

In this community \_\_\_\_\_ (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County St. Louis

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

(d) Street No. 1922a Union Blvd.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** John R. Hirbe

3. (b) If veteran, name war. None

3. (c) Social Security No. 489-01-8485

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced, widower Widower

6. (b) Name of husband or wife Rosalie Hirbe nee Dehner

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

7. Birth date of deceased March 12, 1874  
(Month) (Day) (Year)

| 8. AGE: | Years     | Months   | Days      | If less than one day |
|---------|-----------|----------|-----------|----------------------|
|         | <u>71</u> | <u>8</u> | <u>14</u> | hr. min.             |

9. Birthplace Carlinville Ills.  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business \_\_\_\_\_

**MOTHER FATHER**

12. Name Unknown

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

14. Maiden name Unknown

15. Birthplace St. Charles Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Francis J. Hirbe

(b) Address 4749 W. Florissant Ave

17. (a) Burial (b) Date thereof 11/29/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

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

(b) Address 2161 East Fair Ave

19. (a) NOV 28 1945 (b) J. F. Brudeck  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Nov. day 26, year 1945 hour 11:30 minute 40 A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Chronic Coronary Arteriosclerosis

Myocardial infarction

Due to atherosclerosis of the coronary arteries

at the intersection of West Florissant and Euclid Ave.

at 6:20 P.M. Oct 3 1945

Autopsy could not be obtained

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) Self Handed

(b) Date of occurrence Oct 3 1945

(c) Where did injury occur? at home  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home

(Specify type of place)

(e) Means of injury adone

23. Signature Samuel E. Saylor (M, D, or other)

Address Key Club Date signed 11/28/45

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

**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.**