S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JAN 21 1946

State File No. 4027

Registration District No. 377 Primary Registration District No. 3066 Registrar's No. 56

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: U.S. Marine Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 80 days (Specify whether years, months or days)

In this community unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17 (If outside city or town limits, write "RURAL")

(d) Street No. 5249 Genevieve Ave., 9 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME John George Hirzy

3. (b) If veteran, name war World War 2

3. (c) Social Security No. Unknown

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased Missouri - Aug 5th 1909 (Month) (Day) (Year)

8. AGE: Years 36 Months 4 Days 26 If less than one day hr. min.

9. Birthplace (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Fireman 1/c

11. Industry or business U.S. Coast Guard

FATHER

12. Name John Hirzy

13. Birthplace (City, town, or county) Hungary 4 (State or foreign country)

MOTHER

14. Maiden name Josephine Meyer

15. Birthplace (City, town, or county) Austria 4 (State or foreign country)

16. (a) Informant Clinical Records of hospital

(b) Address U.S. Marine Hospital, Kirkwood, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/8/46 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

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

(b) Address 2161 East Fair Ave

19. (a) 1-8-46 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 4th year 1946 hour 12:15 minute P M.

21. I hereby certify that I attended the deceased from Oct. 16th 1945, 19..., to Jan. 4, 1946; that I last saw him alive on January 4th, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Gall Bladder	3-4 mo.
Carcinoma of Liver (Metastatic)	same
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

46 f

Major findings:
Of operations
Of autopsy same as above

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) no

(b) Date of occurrence no

(c) Where did injury occur? no (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

While at work? (Specify type of place) (e) Means of injury

23. Signature Wesley Van Camp (M. D. or other) Wesley Van Camp, P.A. Surg USPHS

Address U.S. Marine Hosp., Kirkwood, Mo. Date signed 1-4-46

(Licensed Embalmer's Statement on Reverse Side)

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

Sr. Surgeon, Med. Off. In Charge

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 G. Buchholz

Licensed Embalmer No. 2110

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.