

FILED APR 4 1946

Registration District No. 316

Primary Registration District No. 3059

Registrar's No. 92

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

1. PLACE OF DEATH:

(a) County: St. Francis

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

(c) Name of hospital or institution:
46 S.W. Main 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 18 months
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St. Francis

(c) City or town: Bonne Terre
(If outside city or town limits, write "RURAL")

(d) Street No.: 46 S.W. Main 1
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME: JENNIE E. HIRSCH

3. (b) If veteran. name war _____

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16th year 1946 hour 4:25 minute _____ M.

21. I hereby certify that I attended the deceased from March 14 to March 16, 1946 that I last saw her alive on March 14 and that death occurred on the date and hour stated above.

4. Sex: F

5. Color or race: W

6. (a) Single, widowed, married, divorced: Married

6. (c) Age of husband or wife if alive: 88 years

7. Birth date of deceased: Dec 2 1859
(Month) (Day) (Year)

Immediate cause of death: Chronic myocarditis

Duration: 7

8. AGE:

Years	Months	Days	If less than one day
<u>86</u>	<u>3</u>	<u>14</u>	hr. _____ min. _____

Due to _____

Due to _____

9. Birthplace: Millwaukee, Wisconsin
(City, town, or county) (State or foreign country)

10. Usual occupation: Retired

Other conditions: ✓
(Include pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business _____

12. Name: William D. Harper

13. Birthplace: Ayrshire, Scotland
(City, town, or county) (State or foreign country)

14. Maiden name: Margaret Mc Gregor

15. Birthplace: Pilmarnock, Scotland
(City, town, or county) (State or foreign country)

Major findings: ✓ ASD

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant: John S. Hirsch

(b) Address: 46 S.W. Main Bonne Terre

17. (a) Cremation (b) Date thereof: 3-19-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Valhalla St. Francis

18. (a) Signature of funeral director: Bertram Corp.

(b) Address: 313 Benton Bonne Terre Mo

19. (a) 3/18/46 (b) Ether Rudloff
(Date received local registrar) (Registrar's signature)

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? ✓

While at work? _____ (Specify type of place)

(e) Means of injury: NO

23. Signature: Paul W. Taylor (M. D. or other) _____

Address: Bonne Terre Mo Date signed: 3-18-46

289

RECEIVED

Sanitary Health Officer No. 4
District File Number 446-1902
Date Filed 4-3-46

APR 5 1946

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 C. J. Claywell
Licensed Embalmer No. 3706
P. O. Address Boone Grove 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.