

S. No. 2
M-543
7. 5-17-39
P I X3667

FILED JUN 10 1946

Registration District No. _____ Primary Registration District No. 1000 Registrar's No. 578

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution:
4101 St. Joseph Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Not
(Specify whether years, months or days)

In this community 36 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Gottfried Hirter

3. (b) If veteran, name war No

3. (c) Social Security No. 491-10-8615

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Alice M. Hirter

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased November 23 1885
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>5</u>	<u>21</u>	hr. min.

9. Birthplace Bern Switzerland
(City, town, or county) (State or foreign country)

10. Usual occupation Manager

11. Industry or business Feed Store

12. Name Frederick Hirter

13. Birthplace Bern Switzerland
(City, town, or county) (State or foreign country)

14. Maiden name Margurette Schmidt

15. Birthplace Bern Switzerland
(City, town, or county) (State or foreign country)

16. (a) Informant Alice M. Hirter

(b) Address 4101 St. Joseph Ave., St. Joseph, Mo.

17. (a) Burial (b) Date thereof 5/17/1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 1302 Parson, St. Joseph, Missouri

19. (a) May 20, 1946 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

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

(d) Street No. 4101 St. Joseph Avenue
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____ X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14th year 1946 hour 1 minute 05 P.M.

21. I hereby certify that I attended the deceased from April 15 1946 to May 13 1946 that I last saw him alive on Wed 10 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Endocarditis
CEREBRAL HEMORRHAGE
Due to Cerebral hemorrhage
Arterio Sclerosis

Due to 5

Other conditions (include pregnancy within 3 months of death)

Major findings: [Signature]

Of operations [Signature]

Of autopsy 5

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? _____

While at work? [Signature] (Specify type of place) _____ (e) Means of injury [Signature]

23. Signature Colles Rausch (M. D. or other) _____
Address Kirkpatrick Bldg. Date May 16-46

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

14688

27K

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..... *Albert C. Harrington*
Licensed Embalmer No..... *3258 Missouri*
P. O. Address..... *St. Joseph, Missouri.*

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.