S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 26 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39356

Registration District No. 376 Primary Registration District No. 3059 Registrar's No. 376

1. PLACE OF DEATH:
(a) County St. Francois
(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
(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 .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois
(c) City or town Bonne Terre (If outside city or town limits, write "RURAL")
(d) Street No. 46 S.W. Main (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME JOHN GEORGE HIRSCH
3. (b) If veteran, name war V
3. (c) Social Security No. UNKNOWN
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jane Hirsch
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased Aug (Month) 26 (Day) 1886 (Year)

8. AGE: Years 61 Months 2 Days 13 If less than one day ..... hr. ..... min.

9. Birthplace Milwaukee (City, town, or county) Wisconsin (State or foreign country)
10. Usual occupation Civil Engineer
11. Industry or business St. Joseph Lead Co
FATHER
12. Name Charles Hirsch
13. Birthplace Milwaukee (City, town, or county) Wisconsin (State or foreign country)
MOTHER
14. Maiden name Jessie Harper
15. Birthplace Milwaukee (City, town, or county) Wisconsin (State or foreign country)
16. (a) Informant Jane Hirsch
(b) Address 46 S.W. Main Bonne Terre Mo
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof Nov. 12 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla, St. Louis Mo
18. (a) Signature of funeral director Benham Funeral Co
(b) Address 913 Benham Bonne Terre Mo
19. (a) 11-17-47 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 9 th year 1947 hour 10 minute 30 A. M.
21. I hereby certify that I attended the deceased from Nov 9, 1947 to Nov 9, 1947; that I last saw him alive on Nov 9, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary occlusion	few min.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 9/11/47	

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause of 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 Grant W. Tapp (M. D. or other)
Address Bonne Terre Mo Date signed 11-10-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 1147-1474

Date Filed 11-25-47

SEP 11 1958

NOV 28 1947

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 Clarence J. Claywell

Licensed Embalmer No. 3706

P. O. Address Bonne Terre 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.