

No. 2  
-12-45  
5-17-39  
I X47070

FILED DEC 6 1947

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **10966**

**1. PLACE OF DEATH:**

(a) County St. Louis

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

(c) Name of hospital or institution: Jewish Hospital  
(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)

**3. (a) PRINT FULL NAME** Arthur D. Hirsch

**3. (b) If veteran,** name war \_\_\_\_\_ **3. (c) Social Security** No. \_\_\_\_\_

**4. Sex** Male **5. Color or race** White

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

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

**7. Birth date of deceased** April 22 1892  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>55</u>	<u>7</u>	<u>6</u>	hr. min.

**9. Birthplace** St. Louis Mo. G  
(City, town, or county) (State or foreign country)

**10. Usual occupation** Vice President  
Hirsch Hosiery Co.

**11. Industry or business** Bernard Hirsch

**12. Name** Bernard Hirsch

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

**14. Maiden name** Sarah Szyer

**15. Birthplace** Hopkinsville Ky. 1  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Bernie Hirsch

**(b) Address** 7383 Norwood Ave.

**17. (a) Burial** Mt. Sinai Cemetery **(b) Date thereof** 11-30-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** \_\_\_\_\_

**18. (a) Signature of funeral director** Herman Lindskog

**(b) Address** 5216 Delmar Blvd.

**19. (a) DEC 1 - 1947** **(b) J. F. Bruckerts**  
(Date received local registrar) (Registrar's signature)

**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. 4910 Forest Park Blvd.  
(If rural, give location)

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

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month Nov. 28  
year 1947 hour 4 PM minute \_\_\_\_\_ M.

**21. I hereby certify that I attended the deceased from** June  
1947 to 11-28, 1947.

that I last saw him alive on 11-28, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

arterio stenosis  
with congestive failure ?

Due to Arterio stenosis

Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(include pregnancy within 3 months of death)

**PHYSICIAN**

Major findings: \_\_\_\_\_

Of operations: \_\_\_\_\_

Of autopsy: \_\_\_\_\_

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? \_\_\_\_\_ (Specify type of place)

(c) Means of injury \_\_\_\_\_

**23. Signature** Melvin B. Protem (M. D. or other) MD

**Address** 539 N. Grand **Date signed** 11-29-47

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

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17  
9  
J

St. Louis, Mo.

REC 974977

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**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 Van M. Sizemore  
Licensed Embalmer No. 4343

P. O. Address.....

**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.**