. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 22 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2625

Primary Registration District No. 1003

Registrar's No. 432

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

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3155a Cherokee St.
(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 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3155a Cherokee St. 9
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No) 16
If yes, name country

3. (a) PRINT FULL NAME Edwin Hirschfield
3. (b) If veteran, name war --
3. (c) Social Security No. 483-10-5815
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Agnes
6. (c) Age of husband or wife if alive --
7. Birth date of deceased Jan. (Month) 30 (Day) 1886 (Year)

8. AGE: Years 61 Months 11 Days 13 If less than one day hr. min.
9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Retired
11. Industry or business
FATHER 12. Name Julius Hirschfield
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
MOTHER 14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant William McCormack
(b) Address 3155a Cherokee
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/16/48 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery
18. (a) Signature of funeral director Wacker-Schlueter
(b) Address 3634 Gravois Ave.
19. (a) JAN 15 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 13 year 1948 hour 8 minute 55 A. M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred at the date and hour stated above.

Immediate cause of death: Gunshot Wound of Skull of Brain Self inflicted at his home 3155 Cherokee St on Jan. 13 1948 at about 8:55 A.M.
Duration
Due to: Recently he has been suffering from temporary mental derangement
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations: None
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) Suicide
(b) Date of occurrence 1-13-48
(c) Where did injury occur? St. Louis Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? (e) Means of injury Above
23. Signature Alfred J. Perry (M. D. or other)
Address Deputy Coroner Date signed 1-15-48

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

FEB 3 - 1948

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 Robert C Wheeler

Licensed Embalmer No. 2178

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.