

FILED FEB 13 1948
Registration District No. 318

Primary Registration District No. 1003

WRITE PLAINLY—USE 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..... W. H. Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether)

In this community.....
 years, months or days)

3. (a) PRINT FULL NAME..... CARRIE Rosenberg HIRSH

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

4. Sex..... Female
 5. Color or race..... White
 6. (a) Single, widowed, married, divorced..... Widow

6. (b) Name of husband or wife..... George U. Hirsh
 6. (c) Age of husband or wife if alive.....
 7. Birth date of deceased.....
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>80</u>	<u>1</u>	<u>27</u>	hr. min.

9. Birthplace..... St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation..... At home

11. Industry or business.....

MOTHER FATHER {
 12. Name..... Samuel Rosenberg
 13. Birthplace..... Germany
(City, town, or county) (State or foreign country)
 14. Maiden name..... Lena Strauss
 15. Birthplace..... Germany
(City, town, or county) (State or foreign country)

16. (a) Informant..... Mrs. Bernice Klotz
 (b) Address..... 5451a Vernon Ave.

17. (a) Burial
(Burial, cremation, or removal)
 (b) Date thereof..... 2-3-48
(Month) (Day) (Year)
 (c) Place: burial or cremation..... Mt. Sinai Cemetery

18. (a) Signature of funeral director..... Herman Buda...
 (b) Address..... 5216 Delmar Blvd

19. (a) FEB 3 1948
(Date received local registrar)
 (b) J. F. Brebeck
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... 000
 (c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No..... 5451a Vernon Ave.
(If rural, give location)
 (e) Citizen of foreign country?.....
(Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Feb. day..... 1
 year..... 1948 hour..... 9 minute..... 30 A. M.

21. I hereby certify that I attended the deceased from..... July
 1947 to..... Feb. 1 1948
 that I last saw her alive on..... Feb. 1 1948
 and that death occurred on the date and hour stated above.
 Duration.....

Immediate cause of death.....
Myocardial failure
 Due to..... Degenerative heart disease
 Duration..... 3 years

Other conditions.....
(Include pregnancy within 3 months of death)

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..... P. M. ... (M. D. or other)
 Address..... 3701 Grand St. Date signed..... 2-2-48

Jm

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 *John Ketter*
Licensed Embalmer No. *3880*
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.