

No. 2  
2-45  
17-39  
X47070

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3377

FILED JAN 21 1948

Registration District No. 3749

Primary Registration District No. 3069

Registrar's No. 134

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Richmond Heights  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Mary's 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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis  
(c) City or town Wellston  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1222 Greagan Pl.  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Joseph B. Hirsch

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

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

6. (b) Name of husband or wife Mary M. Hirsch 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased July 24, 1870 1869  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
78 77 5 21 20 hr. min.

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

10. Usual occupation Retired

11. Industry or business

12. Name Mathias Hirsch

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

14. Maiden name Martha Linburger

15. Birthplace Indiana Germany  
(City, town, or county) (State or foreign country)

Informant Mary M. Hirsch

Address 1222 Greagan Pl.

Burial (a) Burial, cremation, or removal buried (b) Date thereof Jan. 20/48  
(Month) (Day) (Year)

Place: burial or cremation Cal. Grove Cem.

(b) Signature of funeral director Jos. W. Clark

(b) Address 1125 Holiamont Ave

19. (a) 1-17-48 (b) Head of Household  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 15  
year 1948 hour 11:30 minute 0 M.

21. I hereby certify that I attended the deceased from 11/15/48  
until death 19... to 1/15/48 19...  
that I last saw him alive on 1/15/48 19...  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction Duration 3 days  
arteriosclerotic heart disease ?  
Due to Generalized arteriosclerosis ?

Due to 93d  
Other conditions pulmonary congestive failure  
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Same - 1/16/48

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) Means of injury.....

23. Signature Saleen S. [unclear] (M. D. or other)  
Address 3923 [unclear] Date signed 1/16/48

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

COPIED BY [unclear] 4-48  
14-3-5-48

FEB 24 1948

Dr. Dallas J. Dyer  
3923 Hartford Ave.,  
GR. 5136

FEB 5 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 *Alfred J. Boelker*  
Licensed Embalmer No. 2663

P. O. Address..... 1125 Hodiament Ave.....

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.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State of Missouri }  
County of St. Louis } ss.

State File No. ....

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. ....

On this 12 day of February, 1948, before me appears Jos. W. Clark  
~~Witness~~, who, upon her oath, states that the original record of <sup>birth</sup>~~death~~

for Joseph B. Hirsch died January 15, 1948, in the State of  
Missouri, and which was filed at St. Louis County <sup>born</sup> on Jan. 16, 1948, should be corrected as follows:

Item No. 6 should read Hospital 77 Years

Instead of 78

Item No. 7 should read July 24, 1869

Instead of July 24, 1870

Item No. 15 should read Indiana

Instead of Germany

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief

(SEAL)

Affiant Jos. W. Clark none  
Funeral Director Relationship.  
1125 Hadismond Ave. Present Address. 12

Subscribed and sworn to before me this 12<sup>th</sup> day of February, 1948

My Commission expires June 5 1948 William F. Greer Notary Public.

ENCLOSED

Affidavits containing erasures will not be accepted; draw a line through error and write above it.

1948  
S-3377