

No. 2
1-4-41
-17-39
X26390

State File No.

Registrar's No.

FILED MAR 11 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 St. Louis, Mo.
 (b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: De Paul 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 William Hirt
 3. (b) If veteran, name war.....
 3. (c) Social Security No.....

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W 2
 6. (b) Name of husband or wife Mary Hirt 6. (c) Age of husband or wife if alive years 15 years 1866
 7. Birth date of deceased (Month) Dec (Day) 15 (Year) 1866

8. AGE: Years 81 Months 2 Days 15 If less than one day hr. min.

9. Birthplace Austria 4
(City, town, or county) (State or foreign country)

10. Usual occupation Chemical Worker

11. Industry or business.....

12. Name Edward Hirt 4

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

14. Maiden name Anna Standieski 4

15. Birthplace Austria 4
(City, town, or county) (State or foreign country)

16. (a) Informant Valerie Bolbecker

(b) Address 4747 Cote Brillant

17. (a) Burial (b) Date thereof Feb 22, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem

18. (a) Signature of funeral director Edward Kohl + Son

(b) Address 3516 E. 14th - St. Louis, Mo.

19. (a) FEB 25 1948 (b) J. F. Brasco
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 0-20
 (a) State Mo (b) County 17
 (c) City or town St. Louis 1922 Garden St - St. Louis, Mo.
(If outside city or town limits, write "RURAL")
 (d) Street No. 1922 Garden St
26- (If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 28 day 24
 year 1948 hour 9:05 minute P. M.

21. I hereby certify that I attended the deceased from Feb 20 1948 to Feb 24 1948
 that I last saw him alive on Feb 24 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
 Due to Arterio Sclerosis and Senility

Due to Strangulated Rt Inguinal Hernia
 Other conditions Strangulated Rt Inguinal Hernia
(Include pregnancy within 3 months of death)

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

PHYSICIAN
 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)
 (e) Means of injury 0
 23. Signature A. J. Gettner (M. D. or other) 4
 Address 2745 N Grand Bl. Date signed 2/24/48

Embalmer separate Cert filed

FEB 25 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.....

Licensed Embalmer No.....

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.