

FILED AUG 23 1948

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1003

State File No. 27815

Registrar's No. 7093

1. PLACE OF DEATH:

(a) County _____
(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:
2625 OHIO
(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 CATHERINE ROESCH HIRSCH

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 LUCAS 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased JULY 16 1875
(Month) (Day) (Year)

8. AGE: Years 73 Months - Days 25 If less than one day
hr. _____ min. _____

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

10. Usual occupation WIDOW

11. Industry or business AT HOME

12. Name ANDREW WICK

13. Birthplace GERMANY

14. Maiden name MARGARET BAETZ

15. Birthplace GERMANY

(City, town, or county) (State or foreign country)

16. (a) Informant MISS JULIA SCHMIDT

(b) Address 2625 OHIO

17. (a) BURIAL (b) Date thereof AUG. 13, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation S.S. PETER & PAUL CEM.

18. (a) Signature of funeral director Thomas Kutiak

(b) Address 2906 GRAND ST. LOUIS, MO

19. (a) AUG 12 1948 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

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. 2625 OHIO 9
(If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG. day 10
year 1948 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from Aug 7 1948, to Aug 16 1948.
that I last saw him alive on Aug 7 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death Valvular heart disease Duration _____
2) Chr. myocarditis, severe

Due to _____

Due to 1) Nephritis, chr.

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

Major findings:
Of operations _____

Of autopsy _____

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? _____

(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature John R. Daly (M. D. or other) md

Address 2767 Grand Ave Date signed 8/12/48

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

Leo J. Biddle

Licensed Embalmer No.

3989

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.