FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 20 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31100 7846

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

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: DE PAUL HOSPITAL (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 Mo (b) County 000 17
(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL") 9 0
(d) Street No. 5807 ENRIGHT AVE. (If rural, give location) 5
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME LLOYD W. HIRST
3. (b) If veteran, name war
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 KATHERINE 6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased JULY (Month) 29th (Day) 1887 (Year)

8. AGE: Years 61 Months 1 Days 6 If less than one day hr. min.

9. Birthplace IOWA (City, town, or county) (State or foreign country)
10. Usual occupation ASS'T SEC'TY.
11. Industry or business ARTIFICIAL ICE Co.
MOTHER FATHER
12. Name JOHN HIRST
13. Birthplace IOWA (City, town, or country) (State or foreign country)
14. Maiden name ESTHER McGEE
15. Birthplace IOWA (City, town, or country) (State or foreign country)
16. (a) Informant Mrs Katherine Hirst
(b) Address 5807 Enright Ave.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 9/7/48 (Month) (Day) (Year)
(c) Place: burial or cremation LAKE CHARLES CEM.
18. (a) Signature of funeral director L. Mullen Undertaker
(b) Address 5665 DELMAR BL.
19. (a) SEP 7 1948 (Date received local registrar) (b) J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 5 year 1948 hour 1 minute 8 A.M.
21. I hereby certify that I attended the deceased from Oct 15, 1947, to Sept 5, 1948; that I last saw him alive on Sept 4, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — Duration
Due to Hypertensive Heart Disease
Due to
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 Robert J. Farrell (M. D. or [redacted])
Address 624 N. Union Date signed 9/5/48

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

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

DEC 9 1949

APR 2 1957

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 H. G. Farris

Licensed Embalmer No. 3384

P. O. Address St. Louis

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.