

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

FILED NOV 12 1948 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

34252

State File No. _____

9444

Registration District No. _____

Primary Registration District No. _____

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:
Deaconess Hospital ✓
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 days
 (Specify whether
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
Rock Hill 14
 (If outside city or town limits, write "RURAL")
 (d) Street No. 920 Leonard Dr. 6
N.R. (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No) 1
 If yes, name country _____

3. (a) PRINT FULL NAME Jessie Hinsinger
 3. (b) If veteran, name war _____
 3. (c) Social Security No. none

4. Sex Female 5. Color or race white
Herman
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive 72 years
 7. Birth date of deceased: Nov. 8, 1893
 (Month) (Day) (Year)

8. ACE:	Years	Months	Days	If less than one day
<u>/</u>	<u>55</u>	<u>11</u>	<u>21</u>	hr. _____ min.

9. Birthplace Solon Ohio /
 (City, town, or county) (State or foreign country)

10. Usual occupation Grocer

11. Industry or business _____

12. Name Christ Hirschman

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

14. Maiden name Mary P. Pisch
 (City, town, or county) (State or foreign country)

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

16. (a) Informant Fred Hirschman
 (b) Address 920 Leonard Dr.

17. (a) removal (b) Date thereof Nov. 1, 48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tokeland, Ohio

18. (a) Signature of funeral director Jay B. Smith
 (b) Address 56 Manchester Ave.

19. (a) NOV 1 1948 (b) J. B. Foster
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 29 th
 year 1948 hour 1 minute 50 P. M.

21. I hereby certify that I attended the deceased from 26 July, 1948 to 29 Oct, 1948
 that I last saw him alive on 29 Oct, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 48 hr.
 Duration _____

Due to The previous Cardiovascular Disease ?
 Due to _____

Other conditions (Include pregnancy within 3 months of death) 93

Major findings: Of operations _____

Of autopsy Extravasated Blood (clotted) in rt. ventricle
 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 _____

23. Signature A. P. Shuffler (M. D. or D. O.)
 Address 634 N. Grand St. St. Louis Date signed 11-1-48

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.....

H. Burgess

Licensed Embalmer No. 4029

P. O. Address.....

Maplewood

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.