S. No. 2
M—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41197

FILED DEC 29 1948

Registration District No. 306 — Primary Registration District No. 6048 — Registrar's No. 320

1. PLACE OF DEATH:
(a) County ST. CHARLES
(b) City or town O'FALLON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: —
(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. CHARLES 92
(c) City or town O'FALLON
(If outside city or town limits, write "RURAL")
(d) Street No. —
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME HERMAN HIRSCHFELD
3. (b) If veteran, name war —
3. (c) Social Security No. 500-26-5632
4. Sex Mo
5. Color or race W
6. (a) ~~Single, widowed~~, married, ~~divorced~~ /
6. (b) Name of husband or wife ANNA M. HIRSCHFELD
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased JUNE (Month) 5 (Day) 1887 (Year)

8. AGE: Years 61 Months 6 Days 16 If less than one day — hr. — min.

9. Birthplace ST. LOUIS (City, town, or county) Mo (State or foreign country)
10. Usual occupation RETIRED BAKER
11. Industry or business —
FATHER
12. Name CHARLES HIRSCHFELD
13. Birthplace ST. LOUIS (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name KLAUS MEIER
15. Birthplace ST. LOUIS (City, town, or county) Mo (State or foreign country)
16. (a) Informant MRS. ANNA HIRSCHFELD
(b) Address O'FALLON Mo
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-24-48 (Month) (Day) (Year)
(c) Place: burial or cremation ST. LOUIS Mo
18. (a) Signature of funeral director E.A. Keithley
(b) Address O'FALLON Mo
19. (a) Dec 21-48 (Date received local registrar) (b) E.A. Keithley (Registrar's signature) 280

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 20 year 1948 hour 11 minute P M.
21. I hereby certify that I attended the deceased from May, 1947, to 20 Dec 1948; that I last saw him alive on 18 Dec 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: coronary occlusion	
1st attack	2 yrs.
Due to: genl arteriosclerosis	15 yrs.
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 Lawrence G. Behan (M. D. or other) MD
Address O'Fallon Mo Date signed 21 Dec 48

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed

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 E A Kirtley

Licensed Embalmer No. 822

P. O. Address Fallon 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.