

FILED FEB 1 1949

STANDARD CERTIFICATE OF DEATH

State File No. 2363

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bonne Terre</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bonne Terre</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>46 S.W. Main St. 1</u>		d. STREET ADDRESS (If rural, give location) <u>46 S.W. Main St.</u>	

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) <u>CHARLES JOHN HIRSCH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 22, 1949</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 16, 1858</u>		9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) <u>90 10 6</u>
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Retired Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Hardware</u>		11. BIRTHPLACE (State or foreign country) <u>Milwaukee, Wis.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>John Hirsch</u>		13b. MOTHER'S MAIDEN NAME <u>Maria Von Mischelbach</u>		14. NAME OF HUSBAND OR WIFE <u>Jennie Hirsch</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Jane Hirsch Bonne Terre, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ARTERIOSCLEROTIC HEART DISEASE</u>				INTERVAL BETWEEN ONSET AND DEATH <u>9</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>420' 0</u>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from Dec 11, 1948, to JAN 21, 1949, that I last saw the deceased alive on Dec 26, 1949, and that death occurred at 4:30 A.M., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) <u>Van W. Taylor D.M.D.</u>		23b. ADDRESS <u>Bonne Terre, Mo.</u>		23c. DATE SIGNED <u>1-22-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Jan 24, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Chapel Mortuary, St. Louis</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Esther Rudolph</u>		25. ADDRESS <u>Benham Bldg Co Bonne Terre Mo</u>	

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

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RECEIVED

Health Officer No. 4  
File Number 149-15  
1-31-49

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Clarence J. Laywell

Licensed Embalmer No. 3704

P. O. Address Burns Ave. 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.