

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **6210**
 Registrar's No. **1632**

FILED MAR 7 1951

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1003

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. 1632	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 43 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2227	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital				d. STREET ADDRESS (If rural, give location) Formerly 906a Morrison			
3. NAME OF DECEASED (Type or Print) a. (First) Carl		b. (Middle) F G		c. (Last) Hirsch		4. DATE OF DEATH (Month) (Day) (Year) Feb. 16 1951	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH May 8 1885	
9. AGE (In years last birthday) 65		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk			10b. KIND OF BUSINESS OR INDUSTRY Food			11. BIRTHPLACE (State or foreign country) Wiesbaden, Germany 4	
12. CITIZEN OF WHAT COUNTRY? U.S.A.							
13a. FATHER'S NAME Carl Hermann Otto Hirsch			13b. MOTHER'S MAIDEN NAME Auguste Diestbach			14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 488-10-6579A		17. INFORMANT'S SIGNATURE OR NAME ADDRESS John Hirsch, RR 11, Box 555, Lemay 23 Mo.			
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) Coronary thrombosis ANTECEDENT CAUSES fallow injury fracture of left base suffered when passenger fell onto street deceased while riding Lee Ave bus operated by Liray Tractor near Lee Ave about 12:5 pm II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death					INTERVAL BETWEEN ONSET AND DEATH 5800
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION Sept 5 1950 Accident 500			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Lee Ave		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis MO 9030			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept 5 1950 12:5 pm		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 25			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:37 AM , from the causes and on the date stated above.							
23. SIGNATURE Joseph M. Quinn Deputy Registrar (Type or Print) (Degree or title)				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 2/19/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 19 1951		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri	
DATE REC'D BY LOCAL REG. _____		REGISTRAR'S SIGNATURE J. M. Quinn		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BEIDERWIEDEN F.H. INC., 1936 St. Louis Ave.			

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

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 Helis J. Krupin

Licensed Embalmer No. 3497

P. O. Address 1936 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.