

FILED DEC 15 1951

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

39147

State File No.

Registrar's No. 10786

BIRTH NO.		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		State File No.		Registrar's No. <u>10786</u>					
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>				c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2029</u>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5410 Finkman Ave</u>				4. STREET ADDRESS (If rural, give location) <u>5410 Finkman Ave</u> <u>0</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u>			b. (Middle)			c. (Last) <u>Hirschmugl</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-4-1951</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>12-27-1882</u>		9. AGE (In years last birthday) <u>68</u>		IF UNDER 1 YEAR Months Days		IF UNDER 6 MOS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>***</u>		11. BIRTHPLACE (State or foreign country) <u>Austria</u> <u>4</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Blausig Cech</u>				13b. MOTHER'S MAIDEN NAME <u>Mary Molly</u>				14. NAME OF HUSBAND OR WIFE <u>Stefan Hirschmugl</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Stefan Hirschmugl 5410 Finkman Ave</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>10 yrs.</u> <u>10 yrs.</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)		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) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>331X</u>									
22. I hereby certify that I attended the deceased from <u>August</u> , 19 <u>46</u> , to <u>12-3</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>12-3</u> , 1951, and that death occurred at <u>12:30</u> a.m., from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) <u>Eugene H. Edle M.D.</u>				23b. ADDRESS <u>4971 Chippewa St</u>				23c. DATE SIGNED <u>12-4-51</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-6-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>66 and McKenzie Road Mo</u>							
DATE REC'D BY LOCAL REG. <u>DEC 5 1951</u>		REGISTRAR'S SIGNATURE <u>Paul Smith</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ziegenhein Bros 6409 Gravois Ave</u>							

(Licensed Embalmer's Statement of Reverse Side)

4971 Chippewa St

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

12 7 63

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....

Law M. Sizemore

Signed.....
Student Embalmer

Licensed Embalmer No. *4343*

P. O. Address *St Louis 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.