

FILED NOV 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39149**
Registrar's No. **9968**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION. 6543 Devonshire		d. STREET ADDRESS (If rural, give location) 6543 Devonshire	

3. NAME OF DECEASED (Type or Print) a. (First) Ida b. (Middle) c. (Last) Hirsch			4. DATE OF DEATH (Month) (Day) (Year) 11/9/51		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	
8. DATE OF BIRTH July 17, 1883		9. AGE (In years last birthday) 68		10. IF UNDER 1 YEAR: Months Days Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10b. KIND OF BUSINESS OR INDUSTRY ---		11. BIRTHPLACE (State or foreign country) Highland, Illinois	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Frank Plocker		13b. MOTHER'S MAIDEN NAME Sophie Waage	
14. NAME OF HUSBAND OR WIFE Gregor		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. ---	
17. INFORMANT'S SIGNATURE OR NAME Edna R. Anderson-6543 Devonshire		ADDRESS			

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				INTERVAL BETWEEN ONSET AND DEATH 6 wks	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Chronic Nephritis					
ANTECEDENT CAUSES		DUE TO (b) Chronic Nephritis				DUE TO (c) Chronic Nephritis	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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? 581.0			

22. I hereby certify that I attended the deceased from **January 1920** to **December 8, 1951**, that I last saw the deceased alive on _____, 19____, and that death occurred at **1:15 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>		(Degree or title)		23b. ADDRESS 3953 Suburban		23c. DATE SIGNED 11-9-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/12/51		24c. NAME OF CEMETERY OR CREMATORY St. Paul's Churchyard		24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri	

DATE/REC'D BY LOCAL REG. (Date)		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE Wacker-Welderle		ADDRESS 3634 Gravois	
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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

Robert Wheeler

Licensed Embalmer No. 2128

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.