

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29019**

FILED SEP 13 1952

BIRTH NO. _____ REG. DIST. NO. **280** PRIMARY REG. DIST. NO. **h-964** Registrar's No. **72**

1. PLACE OF DEATH a. COUNTY Platte		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE mo b. COUNTY Texas	
b. CITY (if outside corporate limits, write RURAL and give township) Parisville. RFD #2 c. LENGTH OF STAY (in this place) 2 yr.		c. CITY (if outside corporate limits, write RURAL and give township) Parisville d. STREET ADDRESS (if rural, give location) R.F.D. 2	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence of Dr. S.F. Welch			

3. NAME OF DECEASED (Type or Print) a. (First) Herman b. (Middle) Wallace c. (Last) Hirsch			4. DATE OF DEATH (Month) (Day) (Year) Aug. 25-1952		
5. SEX Male		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) no	
8. DATE OF BIRTH Nov-19. 1893		9. AGE (In years last birthday) 59		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Labourer	
11. BIRTHPLACE (City and State, or Foreign Country) Calouel Mo		12. CITIZEN OF WHAT COUNTRY? Mo		10b. KIND OF BUSINESS OR INDUSTRY	

13a. FATHER'S NAME Jahn. Hirsch		13b. MOTHER'S MAIDEN NAME Mallie Tucker		14. NAME OF HUSBAND OR WIFE none	
--	--	--	--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) yes World War I		16. SOCIAL SECURITY NO. 488-16-4537		17. INFORMANT'S SIGNATURE OR NAME Otto Hirsch ADDRESS Fenton Mo.	
---	--	--	--	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Heart failure		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable Coronary Occlusion			INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. found sitting in a chair			6 AM.
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. suballertismay at the radio			Radio was still turned on.

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) (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 **19** to **19**, that I last saw the deceased alive on **19**, and that death occurred at **11:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John W. Lammille, acting coroner		23b. ADDRESS Platte City Mo.		23c. DATE SIGNED Aug 26-1952	
--	--	-------------------------------------	--	-------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Aug 28-52		24c. NAME OF CEMETERY OR CREMATORY Greenwood	
				24d. LOCATION (City, town, or county) (State) Calouel Mo.	

DATE REC'D BY LOCAL REG. Aug 27-52		REGISTRAR'S SIGNATURE Alphia Pullins		25. FUNERAL DIRECTOR'S SIGNATURE Grable Wuddle ADDRESS Mt. St. Louis Mo.	
---	--	---	--	--	--

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

