

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**4304**

FILED JAN 30 1953

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 0198

|                                                                                            |  |                                                                                                                                               |  |
|--------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Louis</u>                                            |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Affton</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Affton</u>                                                    |  |
| c. LENGTH OF STAY (in this place) <u>16 yrs.</u>                                           |  | 4820                                                                                                                                          |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5207 Weber Road</u>                             |  | d. STREET ADDRESS (If rural, give location) <u>5207 Weber Road</u>                                                                            |  |

|                                                                 |             |                             |                                                           |
|-----------------------------------------------------------------|-------------|-----------------------------|-----------------------------------------------------------|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Albert</u> | b. (Middle) | c. (Last) <u>Hirschfeld</u> | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>1-19-1953</u> |
|-----------------------------------------------------------------|-------------|-----------------------------|-----------------------------------------------------------|

|                    |                               |                                                                       |                                  |                                           |                        |                       |                        |                       |
|--------------------|-------------------------------|-----------------------------------------------------------------------|----------------------------------|-------------------------------------------|------------------------|-----------------------|------------------------|-----------------------|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u> | 8. DATE OF BIRTH <u>4-1-1881</u> | 9. AGE (In years last birthday) <u>71</u> | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days | IF UNDER 24 HRS. Hours | IF UNDER 24 HRS. Min. |
|--------------------|-------------------------------|-----------------------------------------------------------------------|----------------------------------|-------------------------------------------|------------------------|-----------------------|------------------------|-----------------------|

|                                                                                                                     |                                                               |                                                          |                                           |
|---------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Gunsmith</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Railway Express Inc.</u> | 11. BIRTHPLACE (State or foreign country) <u>Germany</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u> |
|---------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------|

|                                             |                                               |                                                  |
|---------------------------------------------|-----------------------------------------------|--------------------------------------------------|
| 13a. FATHER'S NAME <u>Herman Hirschfeld</u> | 13b. MOTHER'S MAIDEN NAME <u>Hulda Knappe</u> | 14. NAME OF HUSBAND OR WIFE <u>Unk. Deceased</u> |
|---------------------------------------------|-----------------------------------------------|--------------------------------------------------|

|                                                                                                                                             |                                     |                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------------------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>Spanish-American</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Hulda H. Keener</u> ADDRESS <u>5207 Weber Road</u> |
|---------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                               |                                                                                                                                                                                                   |  |                                                                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br><u>1 hr.</u><br><u>1 hr.</u><br><u>3 yrs</u> |
|                                                                                                                                                                                                                               | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>                                                                                                                 |  |                                                                                  |
|                                                                                                                                                                                                                               | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Coronary Disease</u><br>DUE TO (c) <u>Arteriosclerosis</u> |  |                                                                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.                                                                                           |                                                                                                                                                                                                   |  |                                                                                  |

|                        |                                              |                                                                                  |
|------------------------|----------------------------------------------|----------------------------------------------------------------------------------|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>4201</u> | 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 4/19, 1952, to 1/19, 1953, that I last saw the deceased alive on 1/19, 1953, and that death occurred at 4.2 m., from the causes and on the date stated above.

|                                                             |                                   |                                 |
|-------------------------------------------------------------|-----------------------------------|---------------------------------|
| 23a. SIGNATURE (Name or title) <u>Walter H. Styles D.O.</u> | 23b. ADDRESS <u>28818 Gravois</u> | 23c. DATE SIGNED <u>1/20/53</u> |
|-------------------------------------------------------------|-----------------------------------|---------------------------------|

|                                                |                            |                                                              |                                                                             |
|------------------------------------------------|----------------------------|--------------------------------------------------------------|-----------------------------------------------------------------------------|
| 24a. BURIAL, CREMATION, REMOVAL <u>Removal</u> | 24b. DATE <u>1-21-1953</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Missouri Crematory</u> | 24d. LOCATION (City, town, or county) (State) <u>3211 Sublette Ave. Mo.</u> |
|------------------------------------------------|----------------------------|--------------------------------------------------------------|-----------------------------------------------------------------------------|

|                                         |                                                      |                                                                                           |
|-----------------------------------------|------------------------------------------------------|-------------------------------------------------------------------------------------------|
| DATE REC'D BY LOCAL REG. <u>1-20-53</u> | REGISTRAR'S SIGNATURE <u>Herbert R. Danks - M.D.</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. B. Ziegenhain</u> ADDRESS <u>6409 Gravois Ave</u> |
|-----------------------------------------|------------------------------------------------------|-------------------------------------------------------------------------------------------|

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Lawrence M. Seymour*

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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.