

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11716**
Registrar's No. **2930**

FILED APR 4 1953

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 OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION. 4656a Virginia		e. STREET ADDRESS (If rural, give location) 4656a Virginia	

3. NAME OF DECEASED (Type or Print) Martin			a. (First)			b. (Middle) Hirsh			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) March 16, 1953			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 22, 1895			9. AGE (In years last birthday) 57		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Produce dealer				10b. KIND OF BUSINESS OR INDUSTRY Own business				11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.				12. CITIZEN OF WHAT COUNTRY? U.S.			

13a. FATHER'S NAME Herman Hirsh			13b. MOTHER'S MAIDEN NAME Hannah Jacobson			14. NAME OF HUSBAND OR WIFE Grace E.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes WW I			16. SOCIAL SECURITY NO. Unknown			17. INFORMANT'S SIGNATURE OR NAME ADDRESS (Grace E. Hirsh, 4656a Virginia)		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH 3 weeks	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis						Since 1946	
		ANTECEDENT CAUSES							
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Obesity DUE TO (c)							
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4201	

22. I hereby certify that I attended the deceased from **December 19 46**, to **March 13 53**, that I last saw the deceased alive on **March 13, 19 53**, and that death occurred at **2 P.** m., from the causes and on the date stated above.

23a. SIGNATURE F.R. [Signature] (Degree or title)		23b. ADDRESS 539 No. Grand Blvd.		23c. DATE SIGNED 3/17/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3-19-53		24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery	
				24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.	

DATE REC'D BY LOCAL REG. MAR 17 1953		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.	
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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.....
Signature of Student Embalmer

Signed.....
Robert M. Murray

Licensed Embalmer No. *3749*

P. O. Address *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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.