

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **17590**

FILED JUN 15 1953

BIRTH NO.

REG. DIST. NO. **116**PRIMARY REG. DIST. NO. **3020**Registrar's No. **117**

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Franklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington	
c. LENGTH OF STAY (In this place) 3 hr.		d. STREET ADDRESS (If rural, give location) 415 Elm St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital			

3. NAME OF DECEASED (Type or Print) HARRY HIRSCHL			4. DATE OF DEATH June 7, 1953		
a. (First)	b. (Middle)	c. (Last)	8. DATE OF BIRTH Mar. 9, 1882	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months 2 Days 28
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager		10b. KIND OF BUSINESS OR INDUSTRY Pipe Factory			

13a. FATHER'S NAME Solomon Hirschl		13b. MOTHER'S MAIDEN NAME Auguste Bendheim		14. NAME OF HUSBAND OR WIFE Delphine Hirschl	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. X		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Delphine Hirschl, Washington, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a); (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Disease		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None			2 years
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b)		DUE TO (c)			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201		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?	

22. I hereby certify that I attended the deceased from **May**, 1921, to **June 7, 1953**, that I last saw the deceased alive on **June 7, 1953**, and that death occurred at **8:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Frank G. May's M.D.		23b. ADDRESS 311 9th St. Washington Mo. 6-8-53		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 10, 1953		24c. NAME OF CEMETERY OR CREMATORY St. Peter's Cemetery	
				24d. LOCATION (City, town, or county) (State) Washington, Mo.	

DATE REC'D BY LOCAL REG. June 9, 1953		REGISTRAR'S SIGNATURE 99-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Nieburg & Vitt Inc. Washington, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

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JUN 3 0 1953

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 Jerome F. Swoboda
Licensed Embalmer No. 4507

P. O. Address Washington

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.