

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26486**
Registrar's No. **6965**

FILED AUG 12 1953

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

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

1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY St. Louis c. CITY OR TOWN University City	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) EUGENE		4. DATE OF DEATH (Month) (Day) (Year) July-13-1953	
a. (First) _____ b. (Middle) _____ c. (Last) HIRSH		5. SEX Male	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH May-3-1891		9. AGE (In years last birthday) 62	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Review Clerk		10b. KIND OF BUSINESS OR INDUSTRY Laclede Gas Co.	
11. BIRTHPLACE (City and State or Foreign Country) St Louis Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Herman Hirsh		13b. MOTHER'S MAIDEN NAME Bettie Lippe	
14. NAME OF HUSBAND OR WIFE Mrs. Josephine Hirsh		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) 1st. World War	
16. SOCIAL SECURITY NO. 492-03-8252		17. INFORMANT'S SIGNATURE OR NAME Mrs Eugene Hirsh	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio-sclerotic disease - (HEART)		INTERVAL BETWEEN ONSET AND DEATH Two years	
ANTECEDENT CAUSES DUE TO (b) Chronic interstitial nephritis -		Three mos.	
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Diabetes - Mellitis	
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? 4200		22. I hereby certify that I attended the deceased from May 12, 1951 , to July 13, 1953 , that I last saw the deceased alive on July 13, 1953 , and that death occurred at 1:00 P.M. , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Solon Cameron, M.D.		23b. ADDRESS 608 N. Grand Blvd., St. Louis, Mo.	
23c. DATE SIGNED 7/14/53		24a. BURIAL, CREMATION, REMOVAL _____	
24b. DATE July-15-1953		24c. NAME OF CEMETERY OR CREMATORY Mt. Sinai Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis County Mo.		25. FUNERAL DIRECTOR'S SIGNATURE HERMAN RINDSKOPF INC	
DATE REC'D BY LOCAL REG. JUL 15 1953		25. ADDRESS 5216 Delmar Blvd	

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 *Peter B. Dubrouillet*

Licensed Embalmer No. *3691*

P. O. Address *Richmond Va*

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.