

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30067

FILED AUG 10 1953

State File No. 7116

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. LENGTH OF STAY (In this place) 10-days		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony's Hospital			
e. STREET ADDRESS (If rural, give location) 14 5307a Bancroft Ave.			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Emil	b. (Middle) W.	c. (Last) Hirsch	(Month) July	(Day) 20	(Year) 1953
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M.	8. DATE OF BIRTH Jan. 11, 1897	9. AGE (In years last birthday) 56	IF UNDER 1 YEAR Months 6 Days 9
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Crankshaft Grinder		10b. KIND OF BUSINESS OR INDUSTRY H & H Machine Co.		11. BIRTHPLACE (City and State or Foreign Country) Illinois /	
12. CITIZEN OF WHAT COUNTRY? U.S.					

13a. FATHER'S NAME Gustav Hirsch	13b. MOTHER'S MAIDEN NAME Unk. Woll	14. NAME OF HUSBAND OR WIFE Mrs. Ellen Hirsch
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 189-03-6258
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ellen Hirsch, 5307a Bancroft Ave.		

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)		Thromboses (Left pulm. vein)		few hours
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Acute gang. appendicitis (ruptured)		7-8-53
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Acute gang. appendicitis & abscess		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) M	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, other building, etc.)	21c. (CITY, TOWN, OR TOWNSHIP) COUNTY STATE 550.1
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 7-8-53 to 7-20-53, that I last saw the deceased alive on 7-20-53, and that death occurred at 12:30 p.m. from the causes and on the date stated above.

23a. SIGNATURE D. C. [Signature]	23b. ADDRESS 4573 S. Kingsley	23c. DATE SIGNED 7-20-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 23, 1953	24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		

DATE REC'D BY LOCAL REG. JUL 21 1953	REGISTRAR'S SIGNATURE J. Earl Smith	25. FUNERAL DIRECTOR'S SIGNATURE M. Arthur J. Donnelly	ADDRESS 3840 Lindell 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..... *Francis Williamson*

Licensed Embalmer No. *356*

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.