

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33406**
8547

FILED SEP 24 1953

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

Registrar's No.

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3640a Minnesota		d. STREET ADDRESS (If rural, give location) 24 3640a Minnesota	
3. NAME OF DECEASED (Type or Print) a. (First) Edward b. (Middle) A. c. (Last) Hirth		4. DATE OF DEATH (Month) (Day) (Year) Aug 31 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 16 1888
9. AGE (In years last birthday) 65		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pressman Koehler	11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo
10b. KIND OF BUSINESS OR INDUSTRY Printing Co.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Charles Hirth		13b. MOTHER'S MAIDEN NAME Elizabeth Schindwine	14. NAME OF HUSBAND OR WIFE Ann Hirth
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO YES 1918 No. 2. W. W.		16. SOCIAL SECURITY NO. 494-01-5257	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ann Hirth 3640a Minnesota
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Bronchial Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bronchogenic Carcinoma DUE TO (c) Left Upper Lobe II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
18. CAUSE OF DEATH Interval between onset and death 7 Days		Interval between onset and death 3 Months	
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) 162X	
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 27 1953 to August 1 1953 , that I last saw the deceased alive on August 30 1953 , and that death occurred at 11:15 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE P. D. Meigel, M.D.		23b. ADDRESS 567 N 4th St. St. Louis 4	23c. DATE SIGNED 9-2-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 9/3/53	24c. NAME OF CEMETERY OR CREMATORY Resurrection Cem	24d. LOCATION (City, town or county) (State) St. Louis Co. Mo.
DATE REC'D BY LOCAL REG. SEP 2 1953		REGISTRAR'S SIGNATURE Charles Smith mo	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wm. Schumacher 3013 Meramec

Dr P. S. Wenzel

12³⁰ to 4⁰⁰ pm

Wed 567 N. S. Rd.

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

P. S. Wenzel

Licensed Embalmer No. 4366

P. O. Address Waco, Mo

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.