

FILED JAN 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

318

1003

42176

State File No.

Registrar's No. **11133**

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. 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. LENGTH OF STAY (In this place) _____
c. CITY OR TOWN **St. Louis**
d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **5718 Pernod Ave.**
e. STREET ADDRESS (If rural, give location) **5718 Pernod Ave.**

3. NAME OF DECEASED
a. (First) **DR. OSCAR** b. (Middle) **J.** c. (Last) **HIRTH**
4. DATE OF DEATH (Month) (Day) (Year) **Dec. 18 1955**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**
8. DATE OF BIRTH **March 31, 1894** 9. AGE (In years last birthday) **61** IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) **Dentist**
10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (City and State or Foreign Country) **St. Louis, Mo.** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Nicholas Hirth** 13b. MOTHER'S MAIDEN NAME **Frances Conzelman** 14. NAME OF HUSBAND OR WIFE **Emilie Hirth**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No None**
16. SOCIAL SECURITY NO. **None** 17. INFORMANT'S SIGNATURE OR NAME **Emilie J. Hirth** ADDRESS **5718 Pernod Ave.**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Coronary Thrombosis**
Coronary Arteriosclerosis
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES DUE TO (b) **arteriosclerosis**
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **Hypertension, cholelithiasis**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? **420.1** am YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from: **1-31-53**, 19____, to **12-18**, 19**55**, that I last saw the deceased alive on **9-16-55**, and that death occurred at **6:30P** m., from the causes and on the date stated above.

23a. SIGNATURE **A.L. Merklin** (Degree or title) **M.D.** 23b. ADDRESS **3507 Potomac** 23c. DATE SIGNED **12-20-55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **Dec. 22, 1955** 24c. NAME OF CEMETERY OR CREMATORY **Our Redeemer Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis Co. Mo.**

DATE REC'D BY LOCAL REG. **DEC 20 1955** REGISTRAR'S SIGNATURE **J. Carl Smith MO** 25. FUNERAL DIRECTOR'S SIGNATURE **Kriegshauser** ADDRESS **4228 S. Kingshighway Bl.**

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 *John A. Shuman*.....

Licensed Embalmer No. *453*.....

P. O. Address.....

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.