

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2491

State File No. 94 35

FILED JAN 27 1958

BIRTH NO. _____ REG. DIST. NO. 306 PRIMARY REG. DIST. NO. 6048 Registrar's No. 94 35

1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>St. Peters, rural, Dardenne</u>)		c. CITY OR TOWN <u>St. Peters,</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) <u>40 1 mi. west on Hiway 40</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Home, 1 mi. west on Hiway</u>			

3. NAME OF DECEASED a. (First) <u>George</u> b. (Middle) <u>William</u> c. (Last) <u>Hirtz</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 20, 1958</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Oct. 1, 1902</u>	9. AGE (In years last birthday) <u>55</u>	# UNDER 1 YEAR Months <u>3</u> Days <u>19</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>building trade</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Portage des Sioux, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Paul Hirtz</u>		13b. MOTHER'S MAIDEN NAME <u>Bertrude Mintert</u>		14. NAME OF HUSBAND OR WIFE <u>Bertha Hirtz</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>486-22-4832</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Bertha Hirtz, RR 1, St. Peters, Mo.</u>	

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Pancreas.</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>157X</u>			

19a. DATE OF OPERATION <u>10-10-57</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Pancreas.</u>		20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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 <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 Sept. 10, 1957 to Jan 20, 1958, that I last saw the deceased alive on Jan 20, 1958, and that death occurred at 4:29 p.m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John J. Justice M.D.</u>		23b. ADDRESS <u>St. Charles Mo</u>		23c. DATE SIGNED <u>Jan 21, 1958</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 23, 1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>All Saints Cemetery</u>	
		24d. LOCATION (City, town, or county) (State) <u>St. Peters, Mo.</u>			

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>Jan. 23-58</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Geo. Steffrate St. Peters Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 19 1958

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 *E. A. Keathly*

Licensed Embalmer No. *877*

P. O. Address *Fallow*

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.