Health, Welfare Public Service

300 -57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-003978
STATE FILE NUMBER

FILED JAN 26 1959 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 437

1. PLACE OF DEATH
a. COUNTY: St.Louis
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Lemay — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 2020 Dolph Lane — Length of stay in 1b: YRS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: ST LOUIS
c. CITY OR TOWN: Lemay 4000 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 2020 Dolph Lane — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Charles — Middle: — Last: Hirth

4. DATE OF DEATH: Month: Jan. Day: 14, Year: 1959

5. SEX: Male c

6. COLOR OR RACE: White

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ]

8. DATE OF BIRTH: July 5, 1883

9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): (retired)Beer Bottler

10b. KIND OF BUSINESS OR INDUSTRY: Carling Brewery

11. BIRTHPLACE (City and state or country): St.Louis, Missouri c

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: ------ Hirth

13b. MOTHER'S MAIDEN NAME: Unknown

14. NAME OF HUSBAND OR WIFE: Viola G.SchuermannHirth

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): unknown (If yes, give war or dates of service): ------

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT Address: Charles E. Hirth,Sr.- 2020 Dolph Lane

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Complete Heart Block — INTERVAL BETWEEN ONSET AND DEATH: 1-2 h
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerotic heart disease — unset
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4200

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ] c

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Dec 1958, to 1/14/59 and last saw her/him alive on 1/14/59
Death occurred at 6:00 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Wallace J Wyss M.D. c

22b. ADDRESS: 3915 Watson Rd

22c. DATE SIGNED: 1/14/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: Jan.17,1959

23c. NAME OF CEMETERY OR CREMATORY: S.S. Peter & Paul Ceme.

23d. LOCATION (City, town, or county) (State): St.Louis, Missouri

24. FUNERAL DIRECTOR ADDRESS: WACKER-HELDERLE-3634 Gravois Ave.

25. DATE RECD. BY LOCAL REG.: 1-14-59

26. REGISTRAR'S SIGNATURE: John C. Murphy MD/Jr

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 Felix J. Krieger

Licensed Embalmer No. 3497

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.