

FILED APR 14 1959

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-008974  
STATE FILE NUMBER

Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 87

1. PLACE OF DEATH a. COUNTY <i>Franklin</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Franklin</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Washington</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Washington</i> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Francis Hosp</i>		Length of stay in 1b <i>3 days</i>	d. STREET ADDRESS (If outside, give location) <i>R.F.D. 2</i>
3. NAME OF DECEASED (Type or print) First <i>Leo</i> Middle <i>Hirsch</i> Last <i>Hirsch</i>			4. DATE OF DEATH Month <i>April</i> Day <i>5</i> Year <i>1959</i>
5. SEX <i>Male</i>	6. COLOR OF RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Dec 4, 1878</i>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Executive</i>		9b. KIND OF BUSINESS OR INDUSTRY <i>Cb Pipe Factory</i>	9c. BIRTHPLACE (City and state or country) <i>St. Louis, Missouri</i>
10a. FATHER'S NAME <i>Solomon Hirsch</i>		10b. MOTHER'S MAIDEN NAME <i>Auguste Bendheim</i>	10c. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
11. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		12. SOCIAL SECURITY NO. <i>499-38-5729</i>	12. NAME OF HUSBAND OR WIFE <i>Louise Hirsch</i>
13. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>hemorrhage - gastrointestinal</i> DUE TO (b) <i>fractured femur gastric</i> DUE TO (c) <i>ulcer</i>			13. INTERVAL BETWEEN ONSET AND DEATH <i>One wk</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			14. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
15a. ACCIDENT <input type="checkbox"/>	15b. SUICIDE <input type="checkbox"/>	15c. HOMICIDE <input type="checkbox"/>	15d. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
16. TIME OF INJURY Hour <i>p.m.</i>		17. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
18. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		19. CITY, TOWN, OR LOCATION COUNTY STATE	
20. I attended the deceased from Death occurred at <i>12/45</i> on <i>4/5/59</i> to <i>4/5/59</i> and last saw her/him alive on <i>4/5/59</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
21. SIGNATURE (Degree or title) <i>Dr. Stumbeck</i>		22. ADDRESS <i>Union Mo</i>	23. DATE SIGNED <i>4/6/59</i>
24. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24. DATE <i>April 7, 1959</i>	24. NAME OF CEMETERY OR CREMATORY <i>New Mount Sinai Cem</i>	24. LOCATION (City, town, or country) (State) <i>St. Louis, Missouri</i>
25. FUNERAL DIRECTOR ADDRESS <i>Hieburg &amp; Co. Washington, Mo</i>		26. DATE RECD. BY LOCAL REG. <i>4-6-59</i>	26. REGISTRAR'S SIGNATURE <i>J.P. Sudman</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

(Licensee/Embalmer's Statement on Reverse Side)

1936 C 11 31

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 *Avin C. Neberg* .....

Licensed Embalmer No. *2387*  
P. O. Address *Washington* .....

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.