

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-041404

STATE FILE NUMBER

FILED VS NOV 24 1959

Registration District No. 310

Primary Registration District No. 3058

Registrar's No. 268

UNRECORDED

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY St. Charles	b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN St. Charles	a. STATE Missouri	b. COUNTY St. Charles
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION 635 Decatur St.		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 635 Decatur St.
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Charles,	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First Fred	Middle Gustave	Last Hirsch	4. DATE OF DEATH	Month Nov.	Day 11	Year 1959
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5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/10/1889	9. AGE (last birthday) 70	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grand Elevator Operator	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) St. Charles, County, Mo.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Julius Hirsch	13b. MOTHER'S MAIDEN NAME Mary Bowler	14. NAME OF HUSBAND OR WIFE Roberta Hirsch
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 489-09-6459	17. INFORMANT Mrs Roberta Hirsch	Address St. Charles, Mo
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Metastatic Carcinoma of Tongue	9 YRS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
DUE TO (b)	
DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (but not related to the terminal disease condition given in PART I (a)) Myocardial Infarction due to arteriosclerosis coronary arteries.	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from 1955 **to** 11/11/59 **and last saw him** 11/11/59 **alive on**
Death occurred at 10:20 PM **m on the date stated above, and to the best of my knowledge, from the causes stated.**

22a. SIGNATURE <i>Paul H. Kothner MD</i>	(Degree or title) MD	22b. ADDRESS St. Charles, Mo.	22c. DATE SIGNED 11/13/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11/14/ 1959	23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	23d. LOCATION (City, town, or county) (State) St. Charles, Mo.
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24. FUNERAL DIRECTOR Arthur C. Baue, St. Charles, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. Nov. 14-59	26. REGISTRAR'S SIGNATURE <i>Marella Wilson</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 3 0 1959 SA

MAR 28 1960

STATEMENT BY LICENSED EMBALMER

JAN 11 1960

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 David C. Rowe

Licensed Embalmer No. 5060

P. O. Address St. Charles,

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.