DURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 1 9 1959

59-041976
STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 210232

MENDED

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St.Louis — Length of stay in 1b

c. CITY OR TOWN St.Louis — Inside Limits Yes ☒ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Hamilton Medical Center — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 2755 Arsenal Ave. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First BETTIE Middle Last HIRSH

4. DATE OF DEATH Month Day Year NOVEMBER 6th, 1959

5. SEX Female

6. COLOR OR RACE White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH 9/3/6 7

9. AGE (last birthday) 92 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) New York

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

13a. FATHER'S NAME Louis Lippe

13b. MOTHER'S MAIDEN NAME Gusta Brenner

14. NAME OF HUSBAND OR WIFE Herman Hirsh

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. Unk.

17. INFORMANT Alfred Hirsh Address 7307 Northmoor Dr.

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

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) PNEUMONIA, LOBAR, RIGHT LOWER LOBE — INTERVAL BETWEEN ONSET AND DEATH 4 DAYS

Conditions, if any, which gave rise to above cause (a) stating the underlying cause last. DUE TO (b)

DUE TO (c)

Joseph M Queen
Colon
11/9/59

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) FRACTURE, LEFT HIP, 3 MONTHS.

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Fell from sitting position in bed to floor at St Lukes Hospital

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 9-21-59

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 12

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

20f. CITY, TOWN, OR LOCATION St. Louis, Mo. COUNTY STATE

21. I attended the deceased from JAN. 1, 1957, to NOV. 6, 1959 and last saw her/him alive on NOV. 6, 1959

Death occurred at 7:10 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Robert G. Hall, M.D.

22b. ADDRESS 3902 LAFAYETTE ST. LOUIS, MO.

22c. DATE SIGNED Nov. 7, 1959

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

23b. DATE 11/9/59

23c. NAME OF CEMETERY OR CREMATORY Mt.Sinai Cemetery

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

24. FUNERAL DIRECTOR ADDRESS Herman Rindskopf Inc. 5216 Delmar

25. DATE RECD. BY LOCAL REG. NOV 7 1959

26. REGISTRAR'S SIGNATURE Carl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed John Ketter

Licensed Embalmer No. 3880

P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.