URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-031726

FILED VS SEP 7 1960

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 171

STATE FILE NUMBER

NDED

1. PLACE OF DEATH
a. COUNTY St.Charles
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Charles — Length of stay in 1b 2 Yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St.Joseph Home — Inside Limits Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St.Louis
c. CITY OR TOWN Pagedale 1222 Gregan Pl. — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 1222 Gregan Pl. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Mary Middle Magdalena Last Hirsch

4. DATE OF DEATH Month August Day 31 Year 1960

5. SEX Female
6. COLOR OR RACE White
7. Married [ ] Never Married [ ] Widowed [X] Divorced [ ]
8. DATE OF BIRTH 5-13-1870
9. AGE (last birthday) 90 — 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) Housework
10b. KIND OF BUSINESS OR INDUSTRY At Home
11. BIRTHPLACE (City and state or country) Ind.
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Michael Artman
13b. MOTHER'S MAIDEN NAME Marguerit
14. NAME OF HUSBAND OR WIFE Joseph Hirsch Dec.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) **********
16. SOCIAL SECURITY NO. None
17. INFORMANT Address EUGENE HIRSCH. 1094 HW. 66 ST. LOUIS MO

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) infirmities of old age
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) see # 9 above
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH —

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

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [X] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
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 7-29-60, to 8-28-60 and last saw her/him alive on 8-28-60
Death occurred at 2:40a. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) OK Thiele MD
22b. ADDRESS 340 N MAIN St Charles Mo
22c. DATE SIGNED 8-31-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE Sept 3-60
23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
23d. LOCATION (City, town, or county) (State) St.Louis, Missouri

24. FUNERAL DIRECTOR ADDRESS Jos. W. CLARK - 1125 HODIAMONT ST. LOUIS MO
25. DATE RECD. BY LOCAL REG. AUG. 31-60
26. REGISTRAR'S SIGNATURE Marcella Wilson

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

OCT 13 1960

JUN 16 1961

VS JUN 8 1961

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Robert M. Mur
Signature of Student Embalmer

Licensed Embalmer No. 374

P. O. Address St Lou

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

Dr. Thelie
300a N.Main St.
St.Charles Ra.4-6633