

AMENDED

Registration District No. 318 Primary Registration District 1003 Registrar's No. 3575

FILED APR 24 1961

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE MO b. COUNTY ST. LOUIS						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS			Length of stay in 1b		c. CITY OR TOWN NORTHWOODS		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DE PAUL HOSP.				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 4707 FLETCHER		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last JOHN CHARLES HIRSCHBUEHLER						4. DATE OF DEATH Month Day Year 4/13/61				
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 DEC. 19 1900		9. AGE (last birthday) 60	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)				10b. KIND OF BUSINESS OR INDUSTRY MERCHANT		11. BIRTHPLACE (City and state or country) ST. LOUIS MO.		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME JOHN HIRSCHBUEHLER				13b. MOTHER'S MAIDEN NAME UNK		14. NAME OF HUSBAND OR WIFE MACKIGENE				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WORLD WAR I				16. SOCIAL SECURITY NO.		17. INFORMANT Address MACKIGENE HIRSCHBUEHLER				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute congestive failure Chronic sclerotic heart disease DUE TO (b) DUE TO (c) 420.0								INTERVAL BETWEEN ONSET AND DEATH 5 days		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								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		
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)						
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year										
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	
21. I attended the deceased from Oct. 1, 1960, to 4/12/61 and last saw him alive on 4/10/61 Death occurred at A.M. on the date stated above, and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE J. J. Tavan M.D.					22b. ADDRESS 539 N. Grand St.			22c. DATE SIGNED: 4/14/61		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 4/17/61	23c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK			23d. LOCATION (City, town, or county) ST. LOUIS COUNTY MO.		(State)		
24. FUNERAL DIRECTOR THOMAS KUTIS				ADDRESS 2906 GRAND		25. DATE RECD. BY LOCAL REG. APR 14 1961		26. REGISTRAR'S SIGNATURE Loel Smith M.D.		

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

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 me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Eleana Province

Licensed Embalmer No. 3403

P. O. Address 2906 Gavor

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.