

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

9982-61-038694

AMENDED

Registration District No. **818** Primary Registration District No. **1003** Registrar's No. **9982** STATE FILE NUMBER

**FILED NOV 8 1961**

1. PLACE OF DEATH - a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Illinois** b. COUNTY **Sagamon**

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis** Length of stay in lb **5 days**

c. CITY OR TOWN **Springfield** Inside Limits Yes  No

d. STREET ADDRESS (If outside, give location) **2044 S. Walnut** Reside On Farm Yes  No

3. NAME OF DECEASED (Type or print) First **WILLIAM** Middle **MORRIS** Last **HIRSCH**

4. DATE OF DEATH Month **Oct.** Day **26** Year **1961**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married  Never Married  Widowed  Divorced

8. DATE OF BIRTH **5/2/1909** 9. AGE (last birthday) **52**

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) **Merchant**

10b. KIND OF BUSINESS OR INDUSTRY **Plumbing supplies**

11. BIRTHPLACE (City and state or country) **Russia**

12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **Leon Hirsch** 13b. MOTHER'S MAIDEN NAME **Anna unk.** 14. NAME OF HUSBAND OR WIFE **Sarah**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **yes WW2**

16. SOCIAL SECURITY NO. **Unk.** 17. INFORMANT **Sarah Hirsch 2044 S. Walnut** Address

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

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Broncho pneumonia** INTERVAL BETWEEN ONSET AND DEATH **1 Day**

DUE TO (b) **Carcinoma of bladder to metastasize to lungs** **8 yrs**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. **181.0**

DUE TO (c) **181.0**

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.  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.)

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 **July 1961** to **Oct 61** and last saw her alive on **Oct 26, 1961**

Death occurred at **7:00 p.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Barbara A. Smith M.D.** 22b. ADDRESS **4652 Mayland** 22c. DATE SIGNED **10/27/61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Rem.** 23b. DATE **10/27/61** 23c. NAME OF CEMETERY OR CREMATORY **Chevre Kadisha** 23d. LOCATION (City, town, or county) (State) **University City, Mo.**

24. FUNERAL DIRECTOR **Berger Memorial 4715 Mc herson** ADDRESS

25. DATE RECD. BY LOCAL REG. **OCT 27 1961** 26. REGISTRAR'S SIGNATURE **Earl Smith. M.D.**

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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 *Quis P. Quiring*  
Licensed Embalmer No. 4229

P. O. Address \_\_\_\_\_

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.