

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED FEB 28 1962

-62-008206

318

Primary Registration District No. 1003

Registrar's No.

2149

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

BY AFFIDAVIT OF

|   |   |   |  |
|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Mo. b. COUNTY St. Louis                                   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN St. Louis  |   | Length of stay in 1b<br>2 wks   | c. CITY OR TOWN University City  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION Jewish Hosp.   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br>1254 82nd. St.  |
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br>NORMAN MELVIN HIRSCH  |   | 4. DATE OF DEATH<br>Month Day Year<br>Feb. 22, 1962   |  |
| 5. SEX<br>Male  | 6. COLOR OR RACE<br>White   | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br>8/18/1924  |
| 9. AGE (last birthday)<br>37  |   | IF UNDER 1 YEAR<br>Months Days Hours Min.   | IF UNDER 24 HR   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Lithographer   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br>ASIC Gov't. Emp.   | 11. BIRTHPLACE (City and state or country)<br>St. Louis, Mo.   |
| 12. CITIZEN OF WHAT COUNTRY<br>USA  |   | 13a. FATHER'S NAME<br>Jack Hirsch   |  |
| 13b. MOTHER'S MAIDEN NAME<br>Rose Weir  |   | 14. NAME OF HUSBAND OR WIFE<br>Helen  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br>No   |   | 16. SOCIAL SECURITY NO.<br>Unk.   | 17. INFORMANT Address<br>Helen Hirsch 1254 82nd. St.   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) Pulmonary emboli<br>DUE TO (b) Rheumatic Heart disease<br>DUE TO (c) 416x<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |   |   | 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)   |   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour a.m. p.m.<br>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 1959 to Feb 22, 1962 and last saw him alive on Feb 22, 1962<br>Death occurred at 12:05 PM m on the date stated above, and to the best of my knowledge, from the causes stated.   |   | 22a. SIGNATURE (Degree or title)<br>Hubert B. Zimmerman M.D.  |  |
| 22b. ADDRESS<br>216 S. Kingshighway   |   | 22c. DATE SIGNED<br>2/22/62   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br>Rem.   | 23b. DATE<br>2/23/62  | 23c. NAME OF CEMETERY OR CREMATORY<br>Unitee Hebrew Temple Cem.   | 23d. LOCATION (City, town, or county) (State)<br>University City, Mo.  |
| 24. FUNERAL DIRECTOR<br>Berger Memorial 4715 McPherson  |   | 25. DATE RECD. BY LOCAL REG.<br>FEB 23 1962   | 26. REGISTRAR'S SIGNATURE<br>Earl Smith, M.D.  |

**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   
Licensed Embalmer No. 7229  
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.