

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D MAY 12 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH
 County Cape Girardeau Registration District No. 125
 Township Cape Girardeau Primary Registration District No. 3009
 City Cape Girardeau (No. 211) So. Louisiana St. 14485
 Ward 160

2. FULL NAME William Hirsch
 (a) Residence, No. 211 So. Louisiana St., Ward 160
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

6A. IF MARRIED, ~~Widowed, divorced, or separated~~ HUSBAND OF (OR) ~~Wife of~~ Rosa Meystedt Hirsch

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 23 1866

7. AGE YEARS 72 MONTHS 5 DAYS 27 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Retired Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Madison (STATE OR COUNTRY) Ind

FATHER 13. NAME George Hirsch

FATHER 14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Unknown

MOTHER 16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)

17. INFORMANT Alfred Hirsch Cape Girardeau (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL Mo PLACE Mosoleum DATE April 21 1939

19. UNDERTAKER Brinkopf Howell Funeral Home (ADDRESS) Cape Girardeau Mo

20. FILED 4-20-39 J. M. Thompson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-19, 1939, to 4-20, 1939
 I last saw him alive on 4-19, 1939. Death is said to have occurred on the date stated above, at 1 a.m.
 The principal cause of death and related causes of importance were as follows:

Carcinoma of the stomach Date of onset 10-1-38

Other contributory causes of importance: 46

Name of operation None Date of
 What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury , 19
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

24. Was disease or injury in any way related to occupation of deceased? no
 (Signed) R. A. Pitter, M. D.
 (Address) Cape Girardeau Mo

