

FILED JAN 14 1943

Registration District No. 318

Primary Registration District No. 100

Registrar's No. 64

1. PLACE OF DEATH:

(a) County.....  
(b) City or town..... St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Jewish Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community.....  
years, months or days)

3. (a) PRINT FULL NAME Joseph Fireside

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife..... Alice Fireside 6. (c) Age of husband or wife if alive..... 74 years  
7. Birth date of deceased..... Feb. 22 1868  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
74 10 11 ..hr. ..min.

9. Birthplace..... Austria  
(City, town, or county) (State or foreign country)

10. Usual occupation..... Salesman

11. Industry or business..... Wholesale Dry Goods

12. Name..... Unknown

13. Birthplace..... Austria  
(City, town, or county) (State or foreign country)

14. Maiden name..... Unknown

15. Birthplace..... Austria  
(City, town, or county) (State or foreign country)

16. (a) Informant..... Carl Fireside

(b) Address..... 7561 Oxford

17. (a) Burial (b) Date thereof..... 1-5-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Mt. Olive Cemetery

18. (a) Signature of funeral director..... Merman Rindhoff

(b) Address..... 5216 Delmar Blvd

19. (a) JAN 4 1943 (b) J. F. Bradeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County.....  
(c) City or town..... St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No..... 6655 Berthold  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Jan. day..... 3  
year..... 1948 hour..... 4 minute..... 15 A.M.

21. I hereby certify that I attended the deceased from.....  
Dec. 15 1942 to..... Jan 3 1943  
that I last saw him..... alive on..... Jan 2 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Acute leukemia?  
leukopenia

Due to.....  
7/4

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations..... abnormal distended  
meninges, 7-leukemia  
Of autopsy..... autopsy done at  
General Hospital - Diagnostic found

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify).....  
(b) Date of occurrence.....  
(c) Where did injury occur?.....  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) (e) Means of injury.....

23. Signature..... J. F. Bradeck (M. D. or other).....  
Address..... 603 4th frame Date signed..... 1/4/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

P

**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.....  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Chas. W. Cooper

Licensed Embalmer No. 3830

P. O. Address 5216 Delmar

**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 this body is not embalmed, fact should be so stated above.**