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

Do not use this space. 9659

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis Mo (No. 420 N. 4 St. ..... Ward)

File No. 2189

Registered No. ..... St.

2. FULL NAME Gustav Hahnemann

(a) Residence. No. 5464 Clayton Ave. St. ..... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

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

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lizzie Hahnemann

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 7 - 1876

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	50	9	26	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Upholster

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Ferdenand Hahnemann

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Johanna Endles

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

14. INFORMANT Lizzie Hahnemann
(Address) 5464 Clayton Ave.

15. FILED MAR -5 1927 19 Mau C Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 3 1927

17. I HEREBY CERTIFY, That I attended deceased from Jan 10 1921, to March 3 1927, that I last saw h. alive on Feb. 24 1927, and that death occurred, on the date stated above, at 9:30 AM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Embolism of Lung.

13

1 1 A

5 D

(duration) Chronic yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Chronic endocarditis following Rheumatism,

Chronic Nephritis (duration) 6 yrs. - mos. - ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Frank J R Kuhs M. D

3-4, 1927 (Address) 3560 N. Grand.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Valhalla

DATE OF BURIAL Mar 6 1927

20. UNDERTAKER Ky Leidner Und Co.

ADDRESS 1417 N Market St

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.