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

Do not use this space.

6631

File No. 1579

Registered No.

1. PLACE OF DEATH

County

Township

City St Louis (No. 3710, Utah Place St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Frederick C Hahn

(a) Residence. No. St., 16 Ward.
(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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Amelia Hahn

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 22 - 1862

7. AGE: Years 66 | Months — | Days 18 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Vice President
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: Tower Grove Bank

9. BIRTHPLACE (CITY OR TOWN): St Louis
(STATE OR COUNTRY): Mo.

PARENTS

10. NAME OF FATHER: Rev H Hahn

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

12. MAIDEN NAME OF MOTHER: Dorothea Battermann

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

14. INFORMANT: Walter H Hahn
(Address) 3710 Utah Pl.

15. FILED 19 Mary C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): February 10 1928

17. I HEREBY CERTIFY, That I attended deceased from May 1917, to Feb 10 1928 that I last saw him alive on Feb 10 1928, and that death occurred, on the date stated above, at 7 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mitral Regurgitation, Myocarditis
Cardiac hypertrophy, Chronic
1.31.7
9.5.1
(duration) 10 yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY): Chronic interstitial nephritis
Arteriosclerosis (duration) 10 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? laboratory
(Signed) Philip Schuck, M. D
Feb 12, 1928 (Address) 1703 S 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: New St Marcus Cemetery
DATE OF BURIAL: Feb. 13 1928

20. UNDERTAKER: Wm. Schumacher
ADDRESS: 1844 N Jefferson

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.

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