

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

Do not use this space.

30838

1. PLACE OF DEATH

County Jackson
Township Law
City St. Louis (No. 1409 Indip Road)

Registration District No. 399
Primary Registration District No. 1002

File No. 3862
Registered No. 3862 St. Ward)

2. FULL NAME

Charles J. Hann
(a) Residence. No. 727 Beunington Ward. 10
(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

1 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 11 1929
17. Deputy Coroner
I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 ,
that I last saw h. alive on , 19 , and that
death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
accidental automobile
fracture R.P. no

(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 1980
(duration) 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 history & inspection
(Signed) Henry M. Hall, M. D.
9/11 1929 (Address) Deputy Coroner

*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 Carmen Okla. DATE OF BURIAL Sept 13 1929

20. UNDERTAKER Rose & Henderson ADDRESS 15th Jackson

3. SEX M 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jean Hann

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 10 - 1891

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
38 5 1

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Steel Worker
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

10. NAME OF FATHER P Hann

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

12. MAIDEN NAME OF MOTHER unknown

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

14. INFORMANT Mrs. Jean Hann
(Address) 5836 - 5 - 1st St

15. FILED 9/13 1929 M. M. Croome REGISTRAR
Assn

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PARENTS

