

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

Do not use this space.

**6856**

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City **St. Louis** (No. **City 1000**)  
**17928** **Fizzie (Agnes) Hahnemann**

File No. ....  
Registered No. **1694** St. .... Ward)

**2. FULL NAME**

(a) Residence. No. **5464 Clayton** Ward. ....  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred **51** yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

|                         |                                  |  |
|-------------------------|----------------------------------|--|
| 3. SEX<br><b>Female</b> | 4. COLOR OR RACE<br><b>White</b> | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)<br><b>Widowed</b> |
|-------------------------|----------------------------------|--|

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Nov 6 - 1878**

|        |           |          |          |                                  |
|--------|-----------|----------|----------|----------------------------------|
| 7. AGE | YEARS     | MONTHS   | DAYS     | IF LESS than 1 day, hrs. or min. |
|        | <b>51</b> | <b>3</b> | <b>9</b> |                                  |

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work **Homemaker**  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

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

10. NAME OF FATHER **Henry Hahnemann**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **St. Louis**  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Fizzie Anthony**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **St. Louis**  
(STATE OR COUNTRY)

14. INFORMANT **Chas C Parker**  
(Address) **City St. Louis**

15. FILED **Feb 21 1930** **Chas C Parker** REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Jan 15 1930**

17. I HEREBY CERTIFY, That I attended deceased from **Jan 14**, 1930, to **Jan 15**, 1930, that I last saw her alive on **Jan 15**, 1930, and that death occurred, on the date stated above, at **1:15 P.M.**

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

**1. Thrombosis due to Ch. Ar. Nephrit.**  
**2. Diabetes - coma**  
**3. A. Carbuncle of neck**  
(duration) ..... yrs. .... mos. .... ds.

**CONTRIBUTORY (SECONDARY)**

**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?

(Signed) **R. Berg**, M. D.  
**1/16 1930** (Address) **City St. Louis**

\*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**

**Feb 18 1930**

**20. UNDERTAKER**

**Key Lechner Huber** **R. Markel**

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.

1-23-30  
10  
9

Hannaman