

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

Do not use this space.

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.

JUN 23 1933

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**1. PLACE OF DEATH**

County St. Louis Registration District No. 289  
Township Central Primary Registration District No. 6033 B  
City Wallerston (No. 6336, Isabelle)

File No. 17673  
Registered No. 1421  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

William J. O'Hahn, Jr.

(a) Residence, No. 6336 Isabelle St. Ward \_\_\_\_\_  
(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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED M (write the word)  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Catherine O'Hahn  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 22 - 1890  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
42 9 13  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Disabled War  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Veteran  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-5-1933  
22. I HEREBY CERTIFY, That I attended deceased from June 5 - 1933, to May 5 - 1933  
I last saw him alive on 4.15.33, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_.

The principal cause of death and related causes of importance were as follows:  
Arterio Sclerosis  
renal Arterio  
953 753  
Other contributory causes of importance:  
753

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo  
13. NAME William O'Hahn, Sr.  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany  
15. MAIDEN NAME Elizabeth Limpert  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany  
17. INFORMANT Catherine O'Hahn (ADDRESS) 6336 Isabelle  
18. BURIAL, CREMATION, OR REMOVAL PLACE Isabelle DATE 5-7- 1933  
19. UNDERTAKER Joe H. Clark (ADDRESS) 1125 Holman  
20. FILED 5/6 1933 Wallerston Mo Registrar.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_  
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_  
24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_ (Signed) William T. Dean, M. D.  
(Address) 1493 Holman

