

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

Do not use this space.

14332

1. PLACE OF DEATH

County Registration District No. 791
 Township Primary Registration District No. 1003
 City St. Louis City (No. Christain Hosp) St. Ward)

File No. 3149

2. FULL NAME

(a) Residence, No. 1036A Thrsald St. 8 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 31 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 Emma Hahn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 22-1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
46 8 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) March 29-1935 11. Total time (years) spent in this occupation 1 1/2

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

13. NAME Franz Hahn

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

15. MAIDEN NAME Maria Blome

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

17. INFORMANT Emma Hahn (ADDRESS) 1036A Thrsald

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis DATE April 6-1935

19. UNDERTAKER Districts Funeral Home (ADDRESS) 5319 Main Street

20. FILED 5-5-1935 J. Bredek Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 4 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar. 29, 1935, to April 4, 1935
 I last saw him alive on April 4, 1935 Death is said to have occurred on the date stated above, at 8:55 a.m.

The principal cause of death and related causes of importance were as follows:

Labar Pneumonia Date of onset Mar. 29, 1935

Other contributory causes of importance: 108

Name of operation none Date of
 What test confirmed diagnosis? Clinical Was there an autopsy? no

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? no

If so, specify Roland R. Merwin, M. D.
 (Signed) 5330 Geraldine Ave.
 (Address)

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.

