

MAN 26 1937

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

Do not use this space.

47238

1. PLACE OF DEATH

County St. Louis  
Township Jefferson  
City Richland Heights (No. St. Maxie Hospital)

Registration District No. 1170  
Primary Registration District No. 6248-H

File No. \_\_\_\_\_  
Registered No. 297 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. 51 May J. Hospital Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 40 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Wid</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 24, 1855</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>82</u>	<u>2</u>	<u>4</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Housewife</u>			
	10. Date deceased last worked at this occupation (month and year) <u>1930</u>			
11. Total time (years) spent in this occupation <u>50 yr.</u>				
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>				
FATHER	13. NAME <u>? Hahn</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>? Germany</u>			
MOTHER	15. MAIDEN NAME <u>unknown</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
17. INFORMANT <u>Wm. Meyer (son)</u> (ADDRESS) <u>320 Hong St.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Peter Paul</u> DATE <u>12/30/36</u>				
19. UNDERTAKER <u>Henry L. Widemann</u> (ADDRESS) <u>6383 Francis</u>				
20. FILED <u>Dec. 30, 1936</u> <u>Sam A. Bassett</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/28/36

22. I HEREBY CERTIFY, That I attended deceased from 12/19/36 to 12/28/36  
I last saw him alive on 12/28/36 Death is said to have occurred on the date stated above, at 10:15 am  
The principal cause of death and related causes of importance were as follows:  
Broncho Pneumonia Date of onset 12/19

Other contributory causes of importance none

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? Chloro 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 \_\_\_\_\_  
(Signed) James E. Hode, M. D.  
(Address) 1004 Muirhouse

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.

