AUG - 5 1937

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

Do not use this space.

791

25616

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 6790

Township ..... Primary Registration District No. ..... Registered No. .....

City St. Louis (No. 3014a Cherokee St. ..... Ward)

2. FULL NAME Adolph F.P. Hahn

(a) Residence, No. 3014a Cherokee St., ~~2~~ 16 Ward. (If nonresident, give city or town and State)
(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

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 Elizabeth Hahn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 20th. 1870.

7. AGE: YEARS 66 MONTHS 10 DAYS 23 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

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

FATHER

13. NAME Unknown

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Elizabeth Hahn 3014a Cherokee St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset B. Park DATE July-16- 1937

19. UNDERTAKER (ADDRESS) Wacker-Helderle 2331 S. Broadway

20. FILED JUL 15 1937 19 J.H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July, 13th. 1937

22. I HEREBY CERTIFY, That I attended deceased from May 12 1937 to July 13 1937

I last saw him alive on July 13 1937 Death is said to have occurred on the date stated above, at 2.10 P.M.

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

Carcinoma of Esophagus — Date of onset 3

Other contributory causes of importance: —

Name of operation — Date of —

What test confirmed diagnosis? X Ray 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) M.W. Gauslaser M. D.

(Address) 3515 So Grand Bl St Louis Mo

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.