

NOV 16 1938

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

34104

Do not use this space.

791  
1003

1. PLACE OF DEATH

(a) County..... Registration District No.....  
(b) Township..... Primary Registration District No.....  
(c) City St. Louis..... (d) Street No. St. Anthony's Hospital..... Registered No. 9090  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Eliza L. Hahn

(a) Residence, No. 6554a Arsenal St. St. 3 (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-17 1938

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

22. I HEREBY CERTIFY, That I attended deceased from October 1 1938 to October 17 1938  
I last saw h. er alive on October 17 1938. Death is said to have occurred on the date stated above, at 10:15 A.M.  
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 2nd 1890  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
48 7 15

Date of onset 10 mo 0  
Chronic Myocarditis

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

Other contributory causes of importance:  
Carcinoma of Gallbladder  
Name of operation Excision of Intestine Anastomosis Date of Oct 11-38  
What test confirmed diagnosis? Was there an autopsy? no

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

13. NAME Joseph Hodapp

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

15. MAIDEN NAME Mary Hall

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

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.

17. INFORMANT John B. Hall  
(ADDRESS) 6554a Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Peter & Paul DATE 10-20 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Kriegshauser Mortuary  
4228 So. Kingshighway

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify (Signed) Julius Otto Katter M. D.  
(Address) 2603 Cherokee St.

20. FILED OCT 18 1938  
J. Bredeck  
Local Registrar.

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.

Mr. J. C. Koller  
2603A Cherokee St  
2-5

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, \_\_\_\_\_, or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed *Erwin M. Bernath*

Licensed Embalmer No. *30214*

P. O. Address \_\_\_\_\_

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**