

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.

JAN 11 1939

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

40851
Do not use this space.

1. PLACE OF DEATH

(a) County..... 1 Registration District No..... 791
(b) Township..... Primary Registration District No..... 1008
(c) City..... (d) Street No. 2218 A JULES STR. Registered No. 10543
(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.
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME CATHERINE LAMMERT

(a) Residence, No. 2218 A JULES STR. St. 23 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE
4. COLOR OR RACE WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE 18-1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 .5 18

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. AT HOME
9. Industry or business in which work was done, as saw mill, bank, etc.
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) ST. LOUIS MO

FATHER
13. NAME GEORGE HAHN
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

MOTHER
15. MAIDEN NAME NOT KNOWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

17. INFORMANT (ADDRESS) Val Lammert

18. BURIAL, CREMATION, OR REMOVAL
PLACE SUNSET BURIAL PARK DATE DEC 8 2PM 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. H. Sullivan L. U. C. M. 2636 GRAVAYS AVE

20. FILED DEC 7 1938 J. D. Brubaker Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 6th 1938

22. I HEREBY CERTIFY, That I attended deceased from April 1934 to 12/6 1938
I last saw him alive on 12/14 1938 Death is said to have occurred on the date stated above, at 5 A. M.
The principal cause of death and related causes of importance were as follows:
Hypostatic Pneumonia / unrespirated / 1 day
Clinical Decomposition
Senility

Other contributory causes of importance: Atherosclerosis

Name of operation..... Date of.....
What test confirmed diagnosis? clinical 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? NO
If so, specify.....
(Signed) William H. Broeder, M. D.
(Address) 1225 Sidney

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 _____

Herman A. Gebken

Licensed Embalmer No. 2120

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.