

1939 MAR 13 1939

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

4486  
Do not use this space.

791  
1008

Registered No. 1179

1. PLACE OF DEATH  
 (a) County .....  
 (b) Township .....  
 (c) City .....  
 (d) Street No. Josephine Hospital ..... St. (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (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 Infant Hahn  
 (a) Residence, No. 5410 Reber Pl. St. 13 (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 male  
 4. COLOR OR RACE white  
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF none  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB 5, 1939  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
Stillborn      —      —      —  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None  
 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) Stl Louis  
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME Chas. Hahn  
 14. BIRTHPLACE (CITY OR TOWN) St. Louis  
 (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Wilma Winthrop  
 16. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo.  
 (STATE OR COUNTRY)

17. INFORMANT Chas. Hahn  
 (ADDRESS) 5410 Reber Pl.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Oak Grove DATE Jan. 6, 39

19. FUNERAL DIRECTOR Bennich-Nichols  
 (ADDRESS) 1431 Union Blvd

20. FILED FEB 8 1939  
J. F. Brudick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEB 5, 1939  
 22. I HEREBY CERTIFY, that I attended deceased from Feb 5, 1939, to Feb 5, 1939  
 I last saw him alive on 2-5-39, 1939 Death is said to have occurred on the date stated above, at 2:30 P.M.  
 The principal cause of death and related causes of importance were as follows:

stillbirth  
 Date of onset

Other contributory causes of importance:  
Wrong presentation -  
Just presentation -  
Keop. Premature Rupture of  
bag of water  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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?  
 If so, specify \_\_\_\_\_ (Signed) T. J. Kemp, M. D.  
17503 Washington

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.

WHILE PRINTING WITH OPAZING INK—THIS IS A PERMANENT RECORD

I X12004

**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
\_\_\_\_\_ L. E. \_\_\_\_\_  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

*L. M. White*

Licensed Embalmer No. 3973

**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.)**