REC'D SEP 1 1939

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

28931
Do not use this space.

1. PLACE OF DEATH
(a) County Cole
(b) Township or
(c) City Jefferson
Registration District No. 213
Primary Registration District No. 3014
Registered No. 197
(d) Street No. St Mary's 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 500 Paul Joseph Hahn
(a) Residence, No. 1141 E McCarty St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lorine Hahn
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9 - 1913
7. AGE YEARS 26 MONTHS 2 DAYS 8 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Baker
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) Jefferson City Mo

FATHER
13. NAME John Hahn
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Osage Bluff Mo

MOTHER
15. MAIDEN NAME Maggie Mueller
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole County

17. INFORMANT (ADDRESS) Mrs Lorine Hahn 1141 E McCarty
18. BURIAL, CREMATION, OR REMOVAL
PLACE Riverview Cem DATE Aug 24 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Thorpe J Gordon Jefferson City Mo.
20. FILED 8/24/1939 A. V. Bicquel M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 22, 1939
22. I HEREBY CERTIFY, That I attended deceased from July 1, 1939, to Aug 22, 1939
I last saw him alive on Aug 22, 1939. Death is said to have occurred on the date stated above, at 12:01 ma
The principal cause of death and related causes of importance were as follows:

	Date of onset
123 Myocardials -	Jan 1939

Other contributory causes of importance:
Intestinal Resection for diverticulum
Name of operation of Mann Date of Aug 15
What test confirmed diagnosis? Clinical Was there an autopsy? 1939

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) M R Cardwell, M. D.
(Address) Jefferson

(Licensed Embalmer's Statement on Reverse Side)

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.

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

Ferd P Dulle, Registered Apprentice No.

working under my personal supervision.

Signed Ferd P Dulle

Licensed Embalmer No. 3890

P. O. Address Jefferson City Mo

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

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