DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34522

Registration District No. 791 1003

Primary Registration District No.

Registrar's No. 9060

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community 5580a Maple Ave.

NOV 13 1939

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis, (If outside city or town limits, write "RURAL") 5

(d) Street No. 5580a Maple Ave. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Florence Hahne. 500

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ Widowed.

6. (b) Name of husband ~~or wife~~ Charles F. Hahne.

6. (c) Age of husband or wife if alive years

7. Birth date of deceased February 9, 1869. (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
70	8	14	hr. min.

9. Birthplace Nashville, (City, town, or county) Illinois. (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business at home

FATHER
12. Name John W. Dennis.
13. Birthplace ? (City, town, or county) Illinois. (State or foreign country)

MOTHER
14. Maiden name Mary J. Stilley.
15. Birthplace ? (City, town, or county) Illinois. (State or foreign country)

16. (a) Informant's own signature Mrs. W. A. Moeller.
(b) Address 5580a Maple Ave.

17. (a) Burial (Burial, ~~cremation~~, ~~or removal~~) (b) Date thereof 10-25, 1939 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Nashville, Illinois.

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.
(b) Address 5966-68 Easton Ave.

19. (a) OCT 24 1939 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 23, year 1939. hour 1 minute A.M. M.

21. I hereby certify that I attended the deceased from Aug 1, 39, 19, to Oct 23, 1939, that I last saw her alive on Oct 20, 1939 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Cervix of Uterus — Duration: do not know

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations No Operation

Of autopsy None made

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature John C Graw (M. D. or other)
Address 4518 Washington Ave Date signed Oct 23

(Licensed Embalmer's Statement on Reverse Side)

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MARGIN RESERVED FOR BINDING

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

50M-5-17-39 Rev. 5-17-39 I X19511

Dr. John C. Brown
4518 Washington Ave.
Forest 0450 2 to 4

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 3454 David C. Gibson, Registered Apprentice No. ....., working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 5966 Easton St. Louis

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.