

FILED JUN 15 1940

State File No.

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 4647

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:
City Hospital
(If not in hospital or institution, write street number or location) /
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Charles A. Hahn ²⁰⁰

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race Wh 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased Dec. 24, 1881
(Month) (Day) (Year)

8. AGE: Years 58 Months 5 Days 2 If less than one day hr. _____ min _____

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Real Estate

MOTHER FATHER

12. Name: John Hahn

13. Birthplace: St. Louis, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name: Mary

15. Birthplace: St. Louis, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant: Mary Hahn

(b) Address: 5236 S Grand

17. (a) Burial (b) Date thereof: 5-29-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: SS Peter + Paul

18. (a) Signature of funeral director: St. Louis Funeral Home

(b) Address: 6322 S Grand

19. (a) MAY 27 1940 (b) J. H. Brudick
(Date received for registration) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____
(c) City or town St. Louis ¹⁵
(If outside city or town limits, write "RURAL")
(d) Street No. 5236 S Grand
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 24
year 1940 hour 3 minute 35 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: Renovascular due to
liquefaction of brain tissue as a result
of the parainfluenza which he was
and edema and driven by Herman
Thomas Baller, collected with
his car driven by one Robert
Sylvester Davis Jr. at
approximately road and later
Other conditions: _____
(Include pregnancy within 3 months of death)
Major findings: Street about 3:00 AM
Of operations: 26th 1940

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) Accident
(b) Date of occurrence: May 26 1940
(c) Where did injury occur? St. Louis, Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial or in public place?
Public Place
While at work _____ (Specify type of place)
(e) Means of injury: Auto

23. Signature: Walter Perry (M. D. or other) 5
Address: Deputy Coroner Date signed: 5.26.40

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

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 *Frank Ludwig*

Licensed Embalmer No. *2504*

P. O. Address *6322 So Grand*

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.