

No. 2  
4-13-40  
5-17-39  
I X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. 26978  
Registrar's No. 6872

REG SEP 25 1940 791  
Registration District No. 791

Primary Registration District No. 1003

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

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(c) Name of hospital or institution: St. Anthony's Hospital  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Vernon Joseph Hahn 500  
3. (b) If veteran, name war No.  
3. (c) Social Security No. Unknown

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

6. (b) Name of husband or wife Single  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 31 1917  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
23 4 13 hr. min.

9. Birthplace Ste. Genevieve Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Clerical Work

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Harley A. Hahn  
13. Birthplace Perry Co. Missouri  
14. Maiden name Clara Effrein  
15. Birthplace Ste. Genevieve Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Clara Hahn  
(b) Address Ste. Genevieve, Mo.

17. (a) Burial (b) Date thereof 8-16-40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Ste. Genevieve, Mo.

18. (a) Signature of funeral director Albert H. Hoppe  
(b) Address 4700 Washington Ave.

19. (a) AUG 13 1940 (b) J. F. Budich  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town Ste. Genevieve  
(d) Street No. \_\_\_\_\_  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month August 12 day 1940  
year 1940 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from Aug. 11 to Aug. 13  
that I last saw him alive on Aug. 13 and that death occurred on the date and hour stated above.

Immediate cause of death Acute toxic myocarditis caused by a chronic myocarditis  
Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions 930  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work \_\_\_\_\_  
23. Signature W. S. Grand (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

Duration

1 week

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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 *J. G. Sullivan*  
Licensed Embalmer No. *1122*  
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, fact should be so stated above.**