

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 784

Primary Registration District No. 101

Registrar's No. 1977

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 hr. 13 min.
(Specify whether
In this community life
years, months or days)

3. (a) PRINT FULL NAME Hahn, Baby Boy

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

4. Sex male 5. Color or race white 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 Oct. 17 1940
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 6 hr. 13 min.

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

10. Usual occupation mil.

11. Industry or business _____

12. Name Hugh Hahn

13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Charlotte Fox

15. Birthplace Unknown Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Hugh Hahn

(b) Address 3240 Coles Ave

17. (a) Burial (b) Date thereof 10-19-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove ST. Chs. Co

18. (a) Signature of funeral director Baumman Bros

(b) Address 2504 Woodson Overland Mo

19. (a) OCT 18 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town Overland
(If outside city or town limits, write "RURAL")
(d) Street No. 3240 Coles Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 18
year 1940 hour 3 minute 10 A.M.

21. I hereby certify that I attended the deceased from 10-17-40
_____, 19____, to 10-18-40, 19____;

that I last saw him alive on 10-18-40, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Prematurity (3 lbs. 10 oz.) 2 1/2 months

Due to _____

Due to 159

Other conditions _____
(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? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature L. M. Kinnaman (M. D. or other) _____

Address ST. LOUIS MO. Date signed 10/18/40

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.....

Licensed Embalmer No.....

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.