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3-40
7-39
K23139

ED JAN 15 1941 791

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Central Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
38 Yr. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis
Oniel Mo.
(c) City or town Oniel Mo.
(If outside city or town limits, write "RURAL")
Baden Station R.3
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME Margaret Rahn

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Henry Rahn 6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased March 22 1875
(Month) (Day) (Year)

8. AGE: Years 65 Months 9 Days 14 If less than one day hr. min.

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

10. Usual occupation House Work

11. Industry or business

12. Name Conrade Klaus

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

14. Maiden name Un known

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

16. (a) Informant J. H. Rahn

(b) Address Baden Sta R. 3

17. (a) Burial (b) Date thereof Dec. 9 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Black Jack Cem.

18. (a) Signature of funeral director Diedrich Funeral Home

(b) Address 8319 Halls Ferry Rd.

19. (a) DEC 8 1940 (b) J. H. Rahn
(Date received local registrar) (Registrar's signature)

(c) DEC 8 1940 (d) J. H. Rahn
(Date received local registrar) (Registrar's signature)

(e) DEC 8 1940 (f) J. H. Rahn
(Date received local registrar) (Registrar's signature)

(g) DEC 8 1940 (h) J. H. Rahn
(Date received local registrar) (Registrar's signature)

(i) DEC 8 1940 (j) J. H. Rahn
(Date received local registrar) (Registrar's signature)

(k) DEC 8 1940 (l) J. H. Rahn
(Date received local registrar) (Registrar's signature)

(m) DEC 8 1940 (n) J. H. Rahn
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. Day 6
Year 1940 Hour 12 Minute 15 A.M.

21. I hereby certify that I attended the deceased from Dec 2, 1940, to Dec 6, 1940;
that I last saw him alive on Dec 6, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 40 days

Due to (Hypertension) Generalized chronic nephritis, arterial sclerosis

Due to Broken left hip Duration 40 days

Other conditions Broken left hip (Include pregnancy within 3 months of death)

Major findings: Of operations 0 Of autopsy 0 186/18
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 12-2-1940

(c) Where did injury occur? Oniel Mo (City or town) (County) (State)

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

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

23. Signature J. H. Rahn (M. D. or other)

Address 8201 N. Broadway St. St. Louis Date signed 12/2/40

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

MOTHER FATHER

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.....

Arthur P. Dierick
Licensed Embalmer No. *3556*

P. O. Address *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, fact should be so stated above.