No. 2
-1-4-41
5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 24 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32983

Registration District No. 791 1003 Primary Registration District No. Registrar's No. 7935

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:
5863 Wabada Ave. /
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis.
(If outside city or town limits, write "RURAL")
(d) Street No. 6219 Tholozan Ave.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME PHILIP HAHN.

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male D

5. Color or race White

6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife Ida Hahn

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased March (Month) 8 (Day) 1876 (Year)

8. AGE: Years 65 Months 6 Days 23 If less than one day hr. min.

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

10. Usual occupation Retired Groceryman

11. Industry or business

FATHER
12. Name George Hahn
13. Birthplace ? (City, town, or county) Switzerland (State or foreign country)

MOTHER
14. Maiden name Dont Know
15. Birthplace Dont Know (City, town, or county) Dont Know (State or foreign country)

16. (a) Informant Mrs. Ida Hahn
(b) Address 6219 Tholozan Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 4 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Our Redeemer Cem.

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

19. (a) Oct 4 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. 1 day 1941 year 11 hour 20 minute P M.

21. I hereby certify that I attended the deceased from May 1, 1941 to Oct 1, 1941; that I last saw h. / m alive on Oct 1, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Ca. of Rt lung. — Duration 1 yr
Due to secondary anemia
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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)
(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 O. C. Spurlock M.D. (M. D. or other)
Address 4523 S. Kingshighway Date signed 10/3/41

(Licensed Embalmer's Statement on Reverse Side)

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 5946 Easton St.

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.