

DEC 15 1941

Registration District No. 759

Primary Registration District No. 6000

Registrar's No.

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

1. PLACE OF DEATH:

(a) County St Charles
(b) City or town New-Melle Callaway
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Residence New Melle, Mo 1
(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 FRANK HAIN

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Married
(b) Name of husband or wife. Anna Kaufmann 6. (c) Age of husband or wife if alive. 64 years
7. Birth date of deceased. February 7th 1880
(Month) (Day) (Year)

8. AGE: Years 61 Months 8 Days 25 If less than one day
.....hr.min.

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

10. Usual occupation. Retired

11. Industry or business

MOTHER FATHER { 12. Name Anton Hain
13. Birthplace Germany
14. Maiden name Agnes Biele
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Anna Hain
(b) Address New Melle, Mo

17. (a) Burial (b) Date thereof Nov. 5 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fun. Cemetery, New Melle, Mo

18. (a) Signature of funeral director. Hackmann-Baum

(b) Address. 326 N. 6th St. St Charles, Mo

19. (a) Nov. 5 1941 (b) Irene Rickman
(Date received local registrar) (Registrar's signature)

654

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 2
year 1941 hour 8 minute 25 P.M.

21. I hereby certify that I attended the deceased from Tuesday
Oct 28th 1941 to Nov 2nd 1941;
that I last saw him alive on Nov 1st 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death. Cerebral Thrombus Duration 3 days

Due to 938
Due to

Other conditions Speech block Auricular
(Include pregnancy within 3 months of death)

Major findings: Aspiration, extremely slow
Of operations: pulse 28 B. 30 beats
Of autopsy: None per minute
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). No external cause
(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?

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

23. Signature Benjamin B. Roubal (of other)
Address Loretta, Mo Date signed Nov 4-41

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 C. Baus*.....

Licensed Embalmer No. *3155*.....

P. O. Address *St Charles Mo*.....

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.