

Registration District No. 791

Primary Registration District 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:
6222 Nottingham
(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. 6222 Nottingham
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Sophia Hahn

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Joseph

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

7. Birth date of deceased July 9 1875
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>5</u>	<u>27</u>	_____ hr. _____ min.

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

10. Usual occupation House Work

11. Industry or business At Home

12. Name John Heitzenroeder

13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Henrietta Schellhardt

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

16. (a) Informant Jos. Hahn

(b) Address 4340 Holley Hills

17. (a) Burial (b) Date thereof 1-8-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director J. Schumaker

(b) Address 3013 Meramec St.

19. (a) JAN 6 1942 (b) J. F. Brudeck
(Date registered) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 5
year 1942 hour 5 P.M. minute P. M.

21. I hereby certify that I attended the deceased from Jan 5 - 11AM
1942 to Jan 5 - 5PM, 1942
that I last saw him alive on Jan 5, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Apoplexy acute

Due to _____

Hypertension years

Due to Chronic interstitial Nephritis years

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations None

Of autopsy None

Duration

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

(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? Home (Specify type of place)

(e) Means of injury None

23. Signature Thomas J. ... (M. D. or other) M.O.
Address Metropolitan Bldg Date signed 1/6/42

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

MOTHER FATHER

000
9

Mr. Mrs. M. J. ...
- Spick ...

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 Mr. Clarence Lockow, Registered Apprentice No. _____ working under my personal supervision.

Signed Clarence Lockow

Licensed Embalmer No. 3093

P. O. Address 3013 Meramee

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.