

OLD OCT 14 1942

Registration District No.

Primary Registration District No.

Registrar's No. 8215

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:
City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 hours.
In this community 40 Years.
(Specify whether 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. 1217a Palm St.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME

Otto Jahn.

3. (b) If veteran, name war.....

No.

3. (c) Social Security No. None.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Late Louise Jahn 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased July 6 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 2 27 hr. min.

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

10. Usual occupation Retired.

11. Industry or business.....

12. Name Unknown.
13. Birthplace Unknown. (City, town, or county) (State or foreign country)
14. Maiden name Unknown.
15. Birthplace Unknown. (City, town, or county) (State or foreign country)

16. (a) Informant Mary Kacineki.
(b) Address 1217 Palm St.
17. (a) Burial (b) Date thereof 10-6-42.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cem.

18. (a) Signature of funeral director Hy. Leidner Und. Co.
(b) Address 2223 St. Louis Ave.

19. (a) OCT 5 1942 (b) J. F. Prudek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 3
year 1942 hour 5 minute P M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....
that I last saw h..... alive on....., 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Broncho Pneumonia
Carcinoma of Esophagus
Arteriosclerosis

Duration

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) (c) Means of injury.....

23. Signature Alfred Perry (M. D., or other).....
Address St. Louis Date signed 10/14/42

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 *Walter L. Ponder*.....

Licensed Embalmer No. *3367*.....

P. O. Address *2223 St Louis av*.....

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8215
Registrar's No. _____

Registration District No. _____

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 City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
(Specify whether 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. 1217^a Palm St
(If rural, give location)

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

3. (a) PRINT FULL NAME Otto Jahn

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

20. DATE OF DEATH: Month October day 3
year 1942 hour 5 minute 00 P.M.

4. Sex _____ 5. Color or race _____

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: July 6 1869
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumonia

8. AGE: Years 80 Months 2 Days 27
If less than one day _____ hr. _____ min.

Due to Complication of Esophagus, Arteriosclerosis

Due to _____

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

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

10. Usual occupation _____

Major findings: HE

11. Industry or business _____

Of operations _____

12. Name _____

Of autopsy _____

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

PHYSICIAN _____

14. Maiden name _____
(City, town, or county) (State or foreign country)

Underline the cause to which death should be charged statistically.

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

16. (a) Informant _____

22. If death was due to external causes, fill in the following:

(b) Address _____

(a) Accident, suicide, or homicide (specify) _____

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

(b) Date of occurrence _____

(c) Place: burial or cremation _____

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

18. (a) Signature of funeral director _____

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

(b) Address _____

While at work? _____ (e) Means of injury _____

19. (a) NOV 5 1942 (b) J. F. Brudeck
(Date received in local registry) (Registrar's signature)

23. Signature Alfred Perry (M. D. or other) _____
Address Deep Crown Date signed 10/14/42

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

SUPPLEMENTAL

28850