

FILED JUN 4 1943 318

Registration District No. Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

(b) City or town St. Louis, Missouri
(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 8 days
(Specify whether years, months or days)

In this community 45 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

(c) City or town St. Louis, MO 7 23
(If outside city or town limits, write "RURAL")

(d) Street No. 717 Carroll Street
(If rural, give location)

(e) Citizen of foreign country? -- (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Margaret Hahn

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

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18
year 1943 hour 10 minute 30 A.M.

4. Sex Female

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased September 4, 1891
(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.

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-------|--------|------|----------------------|
| | 51 | 8 | 14 | hr. min. |

Immediate cause of death: Fractured Hip Right / Open Reduction
Fatty Degeneration of the Heart Muscles
From Injuries received when she
Due to stumbled and fell over a Dutch
Cart belonging to John Nies.
Due to which was parked on the
sidewalk in front of 502 Carroll St
About 1:30 am May 10 - 43

9. Birthplace Illinois 1
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business Unknown

12. Name Unknown 9

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

14. Maiden name Unknown

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

Other conditions: About 1:30 am May 10 - 43
(Include pregnancy within 3 months of death)

Major findings: Of operations 180
Of autopsy 27

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Max Hahn

(b) Address 717 Carroll

17. (a) Burial (b) Date thereof 5 21 43
(Burial, cremation, or removal) (Month) (Day) (Year)

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

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

(b) Date of occurrence 5-10-43

(c) Where did injury occur? St. Louis MO
(City or town) (County) (State)

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

While at work? Thomas F. Callahan 3
(Specify type of place) (Means of injury)

23. Signature Deputy Coroner (M. D. or other)
Address Deputy Coroner Date signed 5-19-43

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Mackey-Heldershe Ltd. Co.

(b) Address 3634 Gravois Avenue

19. (a) MAY 19 1943 J. F. M...
(Date received local registrar) (Registrar's signature)

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.....

Frank J. Lyman

Licensed Embalmer No. *2615*

P. O. Address.....

St. Louis 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.