

2  
5-23  
7-39  
X3667

2243  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED FEB 1 1944

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 377  
Registrar's No. 691

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County.....  
(b) City or town..... St. Louis Mo.  
(c) Name of hospital or institution:  
St. Louis City Hospital  
(d) Length of stay: In hospital or institution. 7 days  
In this community 77 Yes (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County 000  
(c) City or town St. Louis 17 9  
(d) Street No. 6215 E WANDA  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME WILLIAM JOHN HAHN  
3. (b) If veteran, name war. = 3. (c) Social Security No. =

4. Sex M 5. Color or Race W  
6. (a) Single, widowed, married, divorced M  
6. (b) Name of husband or wife LENA LEGER  
6. (c) Age of husband or wife if alive 64 years  
7. Birth date of deceased MARCH 5 1886 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
77 10 17 hr. min.

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

10. Usual occupation TAILOR

11. Industry or business

MOTHER FATHER { 12. Name William Hahn  
13. Birthplace ? 9 (City, town, or county) (State or foreign country)

14. Maiden name ? 9  
15. Birthplace ? 9 (City, town, or county) (State or foreign country)

16. (a) Informant Lena Hahn  
(b) Address 6215 E Wanda

17. (a) BURIAL (b) Date thereof JAN 24 1944 (Month) (Day) (Year)  
(c) Place: burial or cremation St. PETERS

18. (a) Signature of funeral director J. F. Bredeck  
(b) Address 1936 St. Louis

19. (a) JAN 24 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 22nd year 1944 hour 10:20 A.M. minute M.  
21. I hereby certify that I attended the deceased from January 15th 1944, 19 to January 22nd 1944 that I last saw him live on January 22nd 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decompensation

Due to...  
Due to...  
Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations  
Of autopsy

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 L. Koenigsberg (M. D. or other) 1/24/44  
Address 1515 Lafayette Date signed

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

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

**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.....

*[Handwritten Signature]*

Licensed Embalmer No.

*3737*

P.O. Address.....

*1936 St. Louis Ave.*

**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.**