

FILED JAN 25 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

328

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

516

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

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: St. Louis Children's
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 13 days
 (Specify whether
 In this community
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ind. (b) County Warrick 997
 (c) City or town M. Leuberg
 (If outside city or town limits, write "RURAL")
 (d) Street No. Box # 17.5
 (If rural, give location) KR. 0
 (e) Citizen of foreign country? ?
 (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME Carolyn Sue 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 - 0
 6. (b) Name of husband or wife - 6. (c) Age of husband or wife if alive - years
 7. Birth date of deceased 11 43
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 2 11 - hr. - min.

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

10. Usual occupation -

11. Industry or business -

MOTHER FATHER
 12. Name Burwood Hahn
 13. Birthplace M. Leuberg Ind 1
 (City, town, or county) (State or foreign country)
 14. Maiden name Caroline Brasch
 15. Birthplace M. Leuberg Ind 1
 (City, town, or county) (State or foreign country)

16. (a) Informant M. BARNARD

(b) Address 500 So. KINGSHIGHWAY

17. (a) REMOVAL (b) Date thereof JAN 18-45
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation EVANSVILLE, INDIANA

18. (a) Signature of funeral director E. J. Jehn

(b) Address 3125 Lafayette Av.

19. (a) JAN 18 1945 (b) J. F. Bredek
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 18
 year 45 hour 3 minute 00 A. M.

21. I hereby certify that I attended the deceased from 1-5-45, 1945, to 1-18-, 1945
 that I last saw h. e. v. alive on 1-18, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration

Chronic Bacillary Dysentery

Due to Kiss - Park bacillus

Due to 27a

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) (e) Means of injury

23. Signature Gilbert B. Forbes (M. D. or other)

Address 500 So. Kingshighway signed 1/18/45

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.....

Joseph P. Hollmer

Licensed Embalmer No. 4014

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.