

Registration District No. FILED JAN 31 1945

Primary Registration District No.

1003

Registrar's No. 573

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:
2037 Blendon Pl.
(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

3. (a) PRINT FULL NAME Martha Jane Hahn

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife James Monroe

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Oct. 10, 1870
(Month) (Day) (Year)

8. AGE: Years 74 Months 3 Days 8
If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Francis Halbrook

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

14. Maiden name Mary Bollinger

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

16. (a) Informant James Monroe Hahn

(b) Address 2037 Blendon Pl. St. Louis, Mo.

17. (a) Burial (b) Date thereof Jan. 20, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation White Water Cem. White Water, Mo.

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester Ave. Maplewood, Mo.

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____

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

(d) Street No. 2037 Blendon Pl.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 18
year 1945 hour 11 minute 45 A.M.

21. I hereby certify that I attended the deceased from Jan 17, 1945, to Jan 18, 1945,
that I last saw him alive on Jan 18, 1945,
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 8 hours

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? _____

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

23. Signature Vincent J. Gonnards (M. D. or other) J. M. D.

Address 3101 Sutton Ave Date signed 1-19-45

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 Ronald O. Yohake
Licensed Embalmer No. 3917
P. O. Address St. Louis

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.