. S. No. 2
0M—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 16 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7783

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2081

1. PLACE OF DEATH:

(a) County

(b) City or town St Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 623 Bates St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution
In this community 60 Years In St Louis (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17 15

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

(d) Street No. 623 Bates St.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME ~~SPHIE~~ Sophie HANN

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 Widow 2

6. (b) Name of husband or wife William H. Hann

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

7. Birth date of deceased About 1873. (Month) (Day) (Year)

8. AGE: Years About 71 | Months | Days | If less than one day hr. min.

9. Birthplace Germany (City, town, or county) 4 (State or foreign country)

10. Usual occupation At Home

11. Industry or business Housewife

FATHER
12. Name John Rickhoff
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Anna Paepenbrook
15. Birthplace Holland (City, town, or county) 4 (State or foreign country)

16. (a) Informant Robt Hann
(b) Address 623 Bates St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 5th/45 (Month) (Day) (Year)
(c) Place: burial or cremation Old S.S. Peter & Paul

18. (a) Signature of funeral director Thos Kutis & Son
(b) Address 2906 Gravois Ave.

19. (a) MAR 3 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2nd year 1945 hour 2 50 P.M. minute M.

21. I hereby certify that I attended the deceased from 12/28/44, 19 to 3/1-45, 19; that I last saw her alive on 3-1-45, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to 93

Due to

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

Major findings:
Of operations None
Of autopsy None

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Joseph L. Ferris (M. D. or other)
Address 4065 So Grand Date signed 3/2/45

(Licensed Embalmer's Statement on Reverse Side)

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. David Van Fasen

Licensed Embalmer No. 4242

P. O. Address 2406 Gravenstein

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.