

S. No. 2  
M-5-43  
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I X36671

FILED MAY 26 1945  
318

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4297

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

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: 156 Victor Street  
(d) Length of stay: In hospital or institution. (Specify whether)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 000  
(c) City or town St. Louis 1123  
(d) Street No. 156 Victor Street  
(e) Citizen of foreign country? (Yes or No)

3. (a) PRINT FULL NAME Emma M. Hahn  
3. (b) If veteran, name war. 3. (c) Social Security No.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 12 year 1945 hour 10 minute 20 A.  
21. I hereby certify that I attended the deceased from April 7th to May 12th 1945  
that I last saw her alive on May 10 1945  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color White 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife Henry J. 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased Sept. 6 1865 (Month) (Day) (Year)

Immediate cause of death: Calcification of liver  
Due to  
Due to  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations  
Of autopsy

8. AGE: Years Months Days If less than one day  
79 8 6 hr. min.

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

11. Industry or business  
12. Name Valentine Schwartz  
13. Birthplace Unknown (City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown (City, town, or county) (State or foreign country)

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

16. (a) Informant Lulu Stahl (b) Address 156 Victor Street  
17. (a) Burial (b) Date thereof May 15, 1945 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Sunset Burial Park  
18. (a) Signature of funeral director Walter Helderle (b) Address 3634 Gravois Ave.  
19. (a) MAY 15 1945 (Date received local registrar) J. F. Brodeur (Registrar's signature)

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 W. Helderle (M. D. or other) Date signed 5/14/45  
Address H. J. Stahl Date signed

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**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. Glines*  
.....  
Licensed Embalmer No. *9675*  
.....  
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.**