

FRED JUN 30 1948
Registration District No. _____

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Barnes Hospital,**
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Illinois** (b) County **Sanagamon**
(c) City or town **Springfield**
(If outside city or town limits, write "RURAL")
(d) Street No. **1905 Nobel**
(If rural, give location) **DNR**
(e) Citizen of foreign country? **2** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **NATHAN W. HAHN**

3. (b) If veteran, name war **Nil** 3. (c) Social Security No. **Unknown**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Dorothy Hahn** 6. (c) Age of husband or wife if alive **50** years
7. Birth date of deceased **April 15 1874**
(Month) (Day) (Year)

8. AGE: Years **71** Months **2** Days **2** If less than one day _____ hr. _____ min.

9. Birthplace **Urbana Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Credit Manager**

11. Industry or business _____

12. Name **Unknown**
13. Birthplace **Unknown Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Arnold Meyerstein**
(b) Address **Springfield, Ill.**

17. (a) **Removal** (b) Date thereof **6-18-45**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Springfield, Ill.**

18. (a) Signature of funeral director **Albert H. Hoppe**
(b) Address **4700 Washington Blvd.**

19. (a) **JUN 18 1948** (b) **J. F. Bredenk**
(Date received local registry) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **17**
year **1945** hour **12** minute **15** P.M.

21. I hereby certify that I attended the deceased from **June 8**, 19 **45** to **June 17**, 19 **45**;
that I last saw him alive on **June 17**, 19 **45**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute pulmonary edema**

Due to **Arteriosclerosis of coronary arteries**

Due to _____
Other conditions (Include pregnancy within 3 months of death) **94 a**

Major findings: Of operations _____
Of autopsy **As above**

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 _____

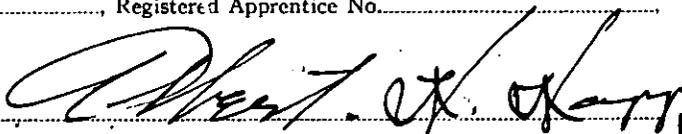
23. Signature **F. R. Bradley** (M. D. or other) _____
Address **Barnes Hospital,** Date signed **6/17/45**

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..... 

Licensed Embalmer No..... 1861

P. O. Address.....

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.