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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

405

State File No. .....

FILED JAN 25 1946

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 461

**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: Missouri Pacific Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County 009
(c) City or town St. Louis 347
(If outside city or town limits, write "RURAL")
(d) Street No. 3239 Tennyson Sq. 9
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME ALEXANDER HIHN

3. (b) If veteran, name war Spanish American

3. (c) Social Security No. 702-12-6816

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Ida

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased April 8, 1873 (Month) (Day) (Year)

8. AGE: Years 72 Months 9 Days 7 If less than one day ..... hr. ..... min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Retired Locomotive Engineer.

11. Industry or business Terminal Rail Road Assn

FATHER
12. Name Joseph Hihn
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Mary Messmer.
15. Birthplace Jefferson Co. (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Ida. Hihn
(b) Address 3239 Tennyson Sq.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 17, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Lebanon, St. Louis, Co

18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester Ave. Maplewood, Mo.

19. (a) JAN 15 1946 (Date received local registrar) (b) J. F. Breeden (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month January day 15th year 1946 hour One minute 20 A.M.

21. I hereby certify that I attended the deceased from October 1, 1946, to Jan. 15, 1946 that I last saw him alive on January 15, 1946 and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Myocardial Insufficiency | 8 mo. + |
| Due to Chronic lymphatic leukemia | 1 yr. + |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) 74 | |

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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature James R. Blassiak (M. D. or other) M.D.
Address Mo. Pacific Hosp. Date signed 1-15-46

(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 3454

....., Registered Apprentice No.....,

working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 7456 Manchester

**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.**