S. No. 2
I—8-43
5-17-39
P I X37823

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

State File No. 23218

FILED JUL 24 1946

Registration District No. ____ Primary Registration District No. 3020 Registrar's No. 71

1. PLACE OF DEATH:
(a) County Franklin
(b) City or town Washington Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 weeks. (Specify whether
In this community ____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Franklin 36
(c) City or town Union, Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. ____ (If rural, give location) 0
(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME Louisa Hahn.
3. (b) If veteran, name war ____ 3. (c) Social Security No. ____
4. Sex F 5. Color or race W. 6. (a) Single, widowed, married, divorced M.
6. (b) Name of husband or wife August Hahn. 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased Nov. (Month) 14 (Day) 1884 (Year)

8. AGE: Years 61. Months 7 Days 17. If less than one day ____ hr. ____ min.

9. Birthplace Beaufort (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business ____
FATHER
12. Name John Tessmer.
13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Sophia Fechtler
15. Birthplace Beaufort (City, town, or county) Mo. (State or foreign country)
16. (a) Informant August Hahn
(b) Address Union Mo R#R
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 4 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Jeffriesburg Mo.
18. (a) Signature of funeral director E H Tamme
(b) Address Beaufort Mo
19. (a) 7/3/46 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1. year 1946 hour 5 P.M. minute ____ M.
21. I hereby certify that I attended the deceased from May 29, 1944, to 7-1, 1946; that I last saw her alive on 7-1, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Apoplexy	5 days
Due to Fractured left hip	7 weeks
Due to Arteriosclerotic Cardiovascular Disease	7 yrs
Other conditions (Include pregnancy within 3 months of death)	
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) Fractured left hip
(b) Date of occurrence 5-4-46
(c) Where did injury occur? Franklin (City or town) (County) Mo (State) 36
(d) Did injury occur in or about home, on farm, in industrial place, in public place? At home. Was recovering from apoplexy (Specify type of place)
While at work? ____ (e) Means of injury Fell in bedroom
23. Signature B. J. Stehlman (M. D. or other) M.D.
Address Union Date signed 7/4/46

99

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,

District File Number.....

Date Filed 1-23-46

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 E. H. Jemme, Registered Apprentice No....., working under my personal supervision.

Signed E. H. Jemme

Licensed Embalmer No. 3076

P. O. Address Beaufort 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.