. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14816

Registration District No. FILED MAY 14 1947 878

Primary Registration District No. 1003

Registrar's No. 4625

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: Deaconess Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 3968 Shaw Avenue
(If rural, give location)

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

If yes, name country

sad 17 17 9 8

3. (a) PRINT FULL NAME Carolina Martha Bahn

3. (b) If veteran, name war ----

3. (c) Social Security No. 493-20-0693

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased December (Month) 9th, (Day) 1882 (Year)

8. AGE:

Years	Months	Days	If less than one day
64	4	27	hr. min.

9. Birthplace California (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation housekeeper

11. Industry or business

FATHER
12. Name Albert Henry Bahn
13. Birthplace (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Carolina Rechenmacher
15. Birthplace (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant Mrs. Clara Schmidt
(b) Address 3968a Shaw, St. Louis, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof May 8, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Wacker-Felderle U. & L.C.
(b) Address 3634 Gravois, St. Louis, Mo.

19. (a) MAY 7 1947 (Date received local registrar) (b) J. F. Bredell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6th year 1947 hour 5 minute 50 A. M.

21. I hereby certify that I attended the deceased from July 22, 1946 to May 6, 1947 that I last saw her alive on May 5, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Lung	10 mos
Due to Carcinoma of Breast	4 years
Due to	
Other conditions (Include pregnancy within 3 months of death) 50	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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 6

23. Signature H. Louis Schuchat (M. D. or other)
Address 2200 Chouteau ave Date signed 5-6-47

Jefferson City Printing Co.

(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.....

Licensed Embalmer No. 2645

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.