

S. No. 2
1-12-45
7. 5-17-39
I X47070

FILED MAY 14 1947

318

Registration District No.

1003

Registrar's No.

4627

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5033 Tennessee /
(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

3. (a) PRINT FULL NAME Elizabeth Hahn

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female
5. Color or race White

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

6. (b) Name of husband or wife John Hahn

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

7. Birth date of deceased December 9, 1868
(Month) (Day) (Year)

8. AGE: Years 78 Months 4 Days 25
If less than one day _____ hr. _____ min.

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

10. Usual occupation None

11. Industry or business _____

MOTHER, FATHER

12. Name Unknown

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Fischer

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lillian Zeibig

(b) Address 5033 Tennessee Ave.,

17. (a) Burial (burial, cremation, or removal) St. Matthews Cemetery
(b) Date thereof 5-8-47
(Month) (Day) (Year)

(c) Place: burial or cremation Southern Funeral Home

18. (a) Signature of funeral director _____
(b) Address 6322 South Grand Blvd.

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5033 Tennessee
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4th
year 1947 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 1 1947 to May 4 1947
that I last saw him alive on May 4 1947
and that death occurred on the date and hour stated above.

Immediate cause of death an aneurysm of heart
Duration _____

Due to _____
Due to _____

Other conditions Chronic hypertension
(Include pleurisy, tuberculosis, etc., if within months of death)
Chronic arteriosclerosis

Major findings: Chronic arteriosclerosis
Of operations _____

Of autopsy _____
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?

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

23. Signature George J. Smith
Address 4930 Duane Blvd.

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

DR. FRANK J SMITH
4930 Seminary
Parklane Bldg.

1 to 4 P. M.

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.....

J. Wm Bentley

Licensed Embalmer No.....

3653

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.