S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2577

FILED JAN 16 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 82

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Lutheran Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 Hours (Specify whether

In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dod

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5505a Louisiana 4
(If rural, give location) 0

15

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

If yes, name country

3. (a) PRINT FULL NAME Vinzenz Hahn

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Lena

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased April (Month) 4 (Day) 1878 (Year)

8. AGE: Years 69 Months 8 Days 29 If less than one day br. min.

9. Birthplace (City, town, or county) Germany 11 (State or foreign country)

10. Usual occupation Brewer Busch 1

11. Industry or business

FATHER
12. Name Frank Hahn
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Not Known 1
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Lena Hahn
(b) Address 5505a Louisiana

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/6/48 (Month) (Day) (Year)

(c) Place: burial or cremation St. Paul Church Yard

18. (a) Signature of funeral director Wm Schumacher
(b) Address 3013 Meramec St.

19. (a) JAN 5 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 3
year 1948 hour 12:20 minute A M.

21. I hereby certify that I attended the deceased from December 30th, 1947, to January 3d, 1948; that I last saw him alive on January 3d, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Influenza - Pneumonia, with Cardio-Vascular Disease: Valvular Lesions & Myocardial Hypertrophy

Due to

Other conditions (Include pregnancy within 3 months of death) 92

Major findings:
Of operations

Of autopsy

Duration

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 15

23. Signature Wm. F. Simon (M.D. ~~or other~~)

Address 1115 Victor St. Tel. Gr. 0078 Date signed 1.3.48

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 Francis Williamson

Licensed Embalmer No. 3565

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.