

3. No. 2
-12-45
5-17-39
X47070

FILED FEB 18 1948

Registration District No. 310 Primary Registration District No. 3058

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

1. PLACE OF DEATH:

(a) County St. Charles

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

(c) Name of hospital or institution:
315 South Main Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 40 years years, months or days)

3. (a) PRINT FULL NAME Bertha B. Hahn

3. (b) If veteran, name war NIL 3. (c) Social Security No. NIL

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Charles Hahn, deceased 6. (c) Age of husband or wife if live _____ years

7. Birth date of deceased December 15 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

80	1	21	hr. _____ min.
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9. Birthplace: Toledo Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name George Wolf 5

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

14. Maiden name Barbara 5

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

16. (a) Informant Louis L. Hahn

(b) Address 800 N. Benton St. Charles, Mo.

17. (a) burial (b) Date thereof Feb 8-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director A. C. Dallmeijer & Sons

(b) Address 800 N. 2nd St. Charles, Mo.

19. (a) 2-11-48 (b) Ramie Hamilton
(Date received local registrar) (Registrar's signature) 1011

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles 92

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

(d) Street No. 315 South Main Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 6
year 1948 hour 9:15 minute A. M.

21. I hereby certify that I attended the deceased from Jan 29 1948 to Feb 6 1948
that I last saw him alive on Feb 5 1948
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Intestinal obstruction 3 day

Due to ventral Hernia 7

Due to _____ 7

Other conditions Diabetes 7
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
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)

(c) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address [Address] Date signed 2-7-48

1921

8/23/28

Date Filed

District File Number

District Health Officer No. 9,
RECEIVED

DEC 7 1921

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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 Joseph F. Landolt
Licensed Embalmer No. 4189

P. O. Address St Charles 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.