

No. 300
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5-17-39
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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED OCT 4 1948
Registration District No. 377

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. 6076

31665
State File No. _____
Registrar's No. 2142

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Wellston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6302 Page Avenue.
(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 Louisa Sahn.
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, Married
6. (b) Name of husband or wife Otto Sahn. 6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased October 11, 1868.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 10 26 hr. min.

9. Birthplace St. Louis County, Missouri.
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

11. Industry or business _____
12. Name Rudolph Sahn.
13. Birthplace Germany.
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Baur.
15. Birthplace France.
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Otto Sahn.
(b) Address 6302 Page Avenue.

17. (a) Burial (b) Date thereof 9-10-1948.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.
(b) Address 5966-68 Easton Avenue

19. (a) 9-9-48 (b) Paula J. Shopp
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Wellston
(If outside city or town limits, write "RURAL")
(d) Street No. 6302 Page Avenue.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month September Day 7th.
Year 1948 hour 12 minute 30 P.M.
21. I hereby certify that I attended the deceased from 9-2-48
9-2 1948 to 9-7 1948
that I last saw her alive on 9-6
and that death occurred on the date and hour stated above.

Immediate cause of death. Cerebral Hemorrhage Duration 7 days
Due to Arterio Sclerosis 2 yrs
Due to _____
Other conditions L 830
(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) _____
(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? 0

While at work? L (Specify type of place) (c) Means of injury _____
23. Signature Lee Roney (M. D. or other) med
Address 8105 post Blvd Date signed 9-8-48

Dr. Leo Reilly.
8105 Page Avenue.
Winfield 1021

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 Clement McNeary
.....
Licensed Embalmer No. 3732
.....
P. O. Address St. Louis
.....

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.