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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 30 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42134

State File No.

Registration District No. 230

Primary Registration District No. 6080

Registrar's No. 71

1. PLACE OF DEATH

(a) County Ste. Genevieve

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

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) 1

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

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County STE. GENEVIEVE

(c) City or town RURAL - CLEARWATER
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Dale EUGENE Hahn

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 9th
year 1948 hour 11 minute 45 A.M.

21. I hereby certify that I attended the deceased from Dec 9
1948, to Dec 9, 1948
that I last saw him alive on Dec 9, 1948
and that death occurred on the date and hour stated above.

4. Sex M | 5. Color or race W | 6. (a) Single, widowed, married, divorced SINGLE

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

7. Birth date of deceased December 9 1948
(Month) (Day) (Year)

Immediate cause of death
Congenital Deformity
Absence of Chiarija
Due to and deformity of brain

Due to _____

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

8. AGE:	Years	Months	Days	If less than one day
	<u>0</u>	<u>0</u>	<u>0</u>	<u>1</u> hr. <u>0</u> min.

9. Birthplace Clearwater Mo. (City, town, or county) (State or foreign country) U

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name Emanuel J. Hahn

13. Birthplace Yount Mo. (City, town, or county) (State or foreign country) U

14. Maiden name Ida Staffer

15. Birthplace Clearwater Mo. (City, town, or county) (State or foreign country) U

16. (a) Informant Emanuel J. Hahn
(b) Address Clearwater Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 10, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Coffman Mo.

18. (a) Signature of funeral director Geo. C. Baker
(b) Address Ste. Genevieve Mo.

19. (a) Dec. 11-48 (Date received local registrar) (b) Doris M. Dahl (Registrar's signature) 25%

Major findings: Of operations _____

Of autopsy _____

1571

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 0

23. Signature Arthur J. Sawyer (M. D. or other) M.D.
Address St. Genevieve Mo. Date signed 12-10-48

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

5000

RECEIVED

OFFICER No. 4

1248-161

12-29-48

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..... *Geo. C. Butler*

Licensed Embalmer No..... *1285*

P. O. Address..... *St. Deming Ave*

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.