S. No. 300
v. 10-48

FILED JAN 28 1949

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 2325

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 7

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

**1. PLACE OF DEATH**
a. COUNTY: St.Charles
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St.Charles
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St.Joseph Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St.Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Florissant Rural
d. STREET ADDRESS (If rural, give location): Mo.Bottom Rd.

**3. NAME OF DECEASED** (Type or Print)
a. (First): August
b. (Middle): Christ
c. (Last): Hahn

**4. DATE OF DEATH** (Month) (Day) (Year): Jan. 11 1949

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: Mar 11 1889
**9. AGE** (In years last birthday): 59 — IF UNDER 1 YEAR: Months 10, Days 0 — IF UNDER 24 HRS.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Farmer
**10b. KIND OF BUSINESS OR INDUSTRY**: Farm
**11. BIRTHPLACE** (State or foreign country): St.Charles,Mo.
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**:
**13b. MOTHER'S MAIDEN NAME**: Elizabeth Limpert
**14. NAME OF HUSBAND OR WIFE**: Dora

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No — (If yes, give war or dates of service): No
**16. SOCIAL SECURITY NO.**: None
**17. INFORMANT'S SIGNATURE OR NAME**: Dora Hahn Florissant,Mo.R#3 — ADDRESS:

**18. CAUSE OF DEATH**
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Head of Pancreas — INTERVAL BETWEEN ONSET AND DEATH: 6 mo

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) —
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.* —

**19a. DATE OF OPERATION**: Dec 2-48
**19b. MAJOR FINDINGS OF OPERATION**: Carcinoma Head of Pancreas. Metastases to Liver
**20. AUTOPSY?** YES ☐ NO ☒

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify): no
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.): —
**21c. (CITY, TOWN, OR TOWNSHIP)** (COUNTY) (STATE): —

**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour): — m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**: —

22. *I hereby certify that I attended the deceased from* Nov 15, 1948 *to* Jan 11, 1949, *that I last saw the deceased alive on* Jan 10, 1949, *and that death occurred at* 12:30 A.M. *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Vincent A. Schneider MD
**23b. ADDRESS**: St Charles, Mo
**23c. DATE SIGNED**: 1/13/49

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 1-14-1949
**24c. NAME OF CEMETERY OR CREMATORY**: Immanuel Luth Cemetery
**24d. LOCATION** (City, town, or county) (State): St.Charles,Mo.

**DATE REC'D BY LOCAL REG.**: 1-20-49
**REGISTRAR'S SIGNATURE**: Fannie Hamilton
**25. FUNERAL DIRECTOR'S SIGNATURE** — ADDRESS: Baumann Bros. Inc. 2504-Woodson Rd-Overland,Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9.
Notice File Number
Date Filed JAN 27 1948

## 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 ....., Student Embalmer No. ....., working under my personal supervision.

Signed Oscar F Mueller

Signed .....
Student Embalmer

Licensed Embalmer No. 3039

P. O. Address Overland 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.