

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35186

State File No.

8694

FILED OCT 27 1949

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 2 1/2 MO.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Anthony Hosp.				d. STREET ADDRESS (If rural, give location) 3674a Gravois Ave.				
3. NAME OF DECEASED (Type or Print) a. (First) Anna b. (Middle) L. c. (Last) Hahnel			4. DATE OF DEATH (Month) (Day) (Year) 10/8/49					
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Apr. 6, 1879		
9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home			10b. KIND OF BUSINESS OR INDUSTRY --		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME George T. Ehlen			13b. MOTHER'S MAIDEN NAME Kathleen Karm			14. NAME OF HUSBAND OR WIFE George O.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. ---		17. INFORMANT'S SIGNATURE OR NAME ADDRESS George O. Hahnel--3674a Gravois				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ARTERIO-SCLEROTIC HEART DISEASE INTERVAL BETWEEN ONSET AND DEATH 2 years ANTECEDENT CAUSES DUE TO (b) GENERALIZED ARTERIOSCLEROSIS DUE TO (c) --- II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. --- 4200				
19a. DATE OF OPERATION ---		19b. MAJOR FINDINGS OF OPERATION ---				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) ---		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 97				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? #580				
22. I hereby certify that I attended the deceased from 7 NOV., 1949 , to 8 OCT., 1949 , that I last saw the deceased alive on 7 OCT., 1949 , and that death occurred at 7:20 Am. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) John G. Warner - M.D.				23b. ADDRESS 818 OLIVE ST ST LOUIS, MO		23c. DATE SIGNED 8 OCT 49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/11/49		24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cem.		24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri		
DATE REC'D BY LOCAL REG. OCT 10 1949		REGISTRAR'S SIGNATURE J. B. Basster		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wacker-Weldete 3634 Gravois				

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

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.

Student
Student Embalmer

Signed

Delis J. Krupin

Licensed Embalmer No. 3497

P. O. Address 3634 Gravois

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.