

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21200
Registrar's No. 3208

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059

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|---|-----------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>ST. FRANCOIS</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. FRANCOIS</u> | |
| b. CITY OR TOWN <u>BONNE TERRE</u> | c. LENGTH OF STAY (in this place) | c. CITY OR TOWN <u>BONNE TERRE</u> | d. STREET ADDRESS (If rural, give location) <u>309 CHURCH ST.</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BONNE TERRE HOSPITAL</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) <u>HANNAH MAHN</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 8 1950</u> | | |
| 5. SEX <u>FEMALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u> | 8. DATE OF BIRTH <u>MAY 25, 1859</u> | 9. AGE (In years last birthday) <u>91</u> | 10. <u>0</u> 11. <u>13</u> |
| 10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>HOUSE WORK</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/> | 11. BIRTHPLACE (State or foreign country) <u>JEFFERSON Co. Mo</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |

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| 13a. FATHER'S NAME <u>CONRAD FRECH</u> | 13b. MOTHER'S MAIDEN NAME <u>KATHERINE MAHN</u> | 14. NAME OF HUSBAND OR WIFE <u>GEORGE W MAHN</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> | 16. SOCIAL SECURITY NO. <u>NONE</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>EVA BENHAM</u> ADDRESS <u>BONNE TERRE Mo</u> |

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| 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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio sclerotic heart disease</u> | | INTERVAL BETWEEN ONSET AND DEATH |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio sclerosis</u> | | |
| | DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | <u>1/200</u> | |

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| 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) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from May 1, 1950, to June 8, 1950, that I last saw the deceased alive on June 8, 1950, and that death occurred at 7:15 P. m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>C. H. Appberry - M.D.</u> | 23b. ADDRESS <u>Flat River Mo</u> | 23c. DATE SIGNED <u>6-10-50</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>JUNE 10, 1950</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>BONNE TERRE</u> |
| 24d. LOCATION (City, town, or county) (State) <u>BONNE TERRE MO.</u> | | |

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| DATE REC'D BY LOCAL REG. <u>June 12, 1950</u> | REGISTRAR'S SIGNATURE <u>Esther Rudloff</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Berham Hills Home, Louisville Mo</u> ADDRESS |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0941
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STATE HEALTH OFFICE No. 650-813

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 _____

Clarence J. Caswell

Signed _____

Student Embalmer

Licensed Embalmer No. _____

3706

P. O. Address _____

Concord Street

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.