

FILED OCT 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34864
Registrar's No. 8473

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (In this place) 70 yrs.		2249	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital		d. STREET ADDRESS (If rural, give location) 24 Lutheran Boarding Home, 3652 So. Jefferson	

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) P. c. (Last) Hahn			4. DATE OF DEATH (Month) (Day) (Year) Oct. 6, 1950		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 12, 1861	9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Merchant		10b. KIND OF BUSINESS OR INDUSTRY Retail Hdwe.	11. BIRTHPLACE (State or foreign country) Lake Creek, Mo.	12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Rev. Michael John Hahn	13b. MOTHER'S MAIDEN NAME Louisa Snetzer	14. NAME OF HUSBAND OR WIFE Anna Wisker Hahn
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. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Anna Hahn, 3652 So. Jefferson

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 min 20 (?) yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myo-cardial Infarction		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Thrombosed arteries sclerosis 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	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 H201

22. I hereby certify that I attended the deceased from Oct 3, 1950, to Oct 6, 1950, that I last saw the deceased alive on Oct 6, 1950, and that death occurred at 12:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE Edward W. G. Brinski, M.D.	23b. ADDRESS 3701 Grandel Sq	23c. DATE SIGNED Oct 7, 1950
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/9/50	24c. NAME OF CEMETERY OR CREMATORY Concordia Cemetery
		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.

DATE REC'D BY LOCAL REG. OCT 8 1950	REGISTRAR'S SIGNATURE J. P. Kasater	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BEIDERWIEDEN FUNERAL HOME, 1936 St. Louis
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Theo. Hanser,

3701 Grandel Square

Hours - 2:00 to 4:30 P.M.

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

Helmut J. Krispin

Signed.....

Student Embalmer

Licensed Embalmer No. *3497*

P. O. Address *1936 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.