

FILED DEC 30 1950

State File No. _____

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 9992

318

1003

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. John's Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 days
 (Specify whether
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town Kirkwood
 (If outside city or town limits, write "RURAL")
 (d) Street No. 105 Holmes Ave. N.
 (If rural, give location) 4693
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Henry F. Hahn

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

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

7. Birth date of deceased April 8, 1881
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>7</u>	<u>14</u>	hr. _____ min.

9. Birthplace St. Louis Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation Painter

11. Industry or business _____

12. Name Alexander Hahn
 13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name Julia Kuellmer

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alice Hahn

(b) Address 105 N. Holmes Ave. Kirkwood,

17. (a) Cremation (b) Date thereof 11/25/50
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Louis H. Bopp, Inc.

(b) Address 24 Kirkwood, Mo.

19. (a) NOV 24 1950 (b) D. B. Sauter
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 22
 year 1950 hour 8 minute P M.

21. I hereby certify that I attended the deceased from Oct 5 1950 to Nov. 22 1950
 that I last saw him alive on Nov 22 1950
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 15 hrs

Due to _____

Due to _____

Other conditions generalized arteriosclerosis
 (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy Right coronary occlusion

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence 11/25/50

(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 _____

23. Signature Michael Sulick (M. D. or other) MD

Address 9012 Manchester Rd Date signed 11-23-50

WRITE PLAINLY—USE 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Felix Durand

Licensed Embalmer No. *3034*

P. O. Address. *Wentwood 22*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.