

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27463**

FILED SEP 4 1951

BIRTH NO. _____ REG. DIST. NO. **162** PRIMARY REG. DIST. NO. **5395** Registrar's No. **65**

1. PLACE OF DEATH a. COUNTY Jefferson 0500		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) Rural Rock Township		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2249	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) 2902 Wisconsin 1	

3. NAME OF DECEASED (Type or Print) Frederick a. (First) b. (Middle) c. (Last) Hahn			4. DATE OF DEATH Aug 18 1951 (Month) (Day) (Year)		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Nov. 13 1884	9. AGE (In years last birthday) 66 If UNDER 1 YEAR Months 9 Days 5 If UNDER 12 HRS. Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNKNOWN		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) St. Louis Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Henry Hahn		13b. MOTHER'S MAIDEN NAME Louisa Gaertner		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Irma Will ADDRESS 6115 Wanda St. Louis Mo	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ (b) _____ (c) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION Inquest Pending 8/16/51			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway		21c. (CITY, TOWN, OR TOWNSHIP) Impenal Rock (COUNTY) Jefferson (STATE) Mo	
21d. TIME OF INJURY 8 18 51 (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Accident	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

22a. SIGNATURE Calvin F. Feutz (Degree or title)		23b. ADDRESS 101 Man St. St. Louis Mo		23c. DATE SIGNED 8/18/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 22 1951	24c. NAME OF CEMETERY OR CREMATORY New St. Marcus	24d. LOCATION (City, town, or county) (State) St. Louis County Mo		
DATE REC'D BY LOCAL REG. 8/25/51	REGISTRAR'S SIGNATURE Ruth Jirsa 438	25. FUNERAL DIRECTOR'S SIGNATURE Calvin F. Feutz ADDRESS 4828 Natural Bridge			

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

DEC 21 1951

~~JEFFERSON COUNTY HEALTH DEPT.~~
~~JEFFERSON COUNTY, MISSOURI~~

DATE RECEIVED 8-27-51

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 *Arthur W. Hilgert* _____

Licensed Embalmer No. *3872* _____

P. O. Address _____

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.