

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44237

FILED JAN 5 - 1954

State File No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11814

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS Mo</u>		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>ST. LOUIS</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>622 BATES</u>			e. STREET ADDRESS (If rural, give location) <u>622 BATES 201/2</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROBERT</u> b. (Middle) <u>J.</u> c. (Last) <u>HANN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 13 1953</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAR. 25 1896</u>	9. AGE (In years last birthday) <u>58</u>	10. MONTHS <u>5</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SUPPLY CLERK</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>BOARD OF EDUCATION</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>0</u>		
13a. FATHER'S NAME <u>WILLIAM H. HANN</u>		13b. MOTHER'S MAIDEN NAME <u>SOPHIE RICKHOFF</u>		14. NAME OF HUSBAND OR WIFE <u>CLARA HANN</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>CLARA HANN 622 BATES</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the lung</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>4 mos.</u>
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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>163X</u>				
22. I hereby certify that I attended the deceased from <u>Sept 24, 1953, to Sept 13, 1953</u> , that I last saw the deceased alive on <u>Sept 13, 1953</u> , and that death occurred at <u>3:55 A.M.</u> , from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) <u>William A. Obermeyer M.D.</u>			23b. ADDRESS <u>16 Hampton Valley Plaza</u>		23c. DATE SIGNED <u>Dec 14 1953</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>DEC. 16 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>S.S. PETER & PAUL</u>		24d. LOCATION (City, town, of county) (State) <u>ST. LOUIS Mo</u>		
DATE REC'D BY LOCAL REG. <u>DEC 15 1953</u>	REGISTRAR'S SIGNATURE <u>W. C. Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thomas Kuter, 2906 Pearson</u>			

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.....
Signature of Student Embalmer

Signed *James C. Hill*.....

Licensed Embalmer No. *4347*.....

P. O. Address *2606 Grand*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.