

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

1. PLACE OF DEATH a. COUNTY 0		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI	
b. CITY (If outside corporate limits, write RURAL and give town or township) TOWN 915 N. GRAND, ST. LOUIS, MO.		c. LENGTH OF STAY (in this place) 40 DAYS	d. Is Residence within limits of a city or incorporated town? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION/HOSP.		e. STREET ADDRESS (If rural, give location) 5662 ACME AVENUE	

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM		b. (Middle) 2079		c. (Last) HAHNEMANN		4. DATE OF DEATH (Month) (Day) (Year) 1-26-55	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 4-22-90		9. AGE (In years last birthday) 64	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN		11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME FRED HAHNEMANN		13b. MOTHER'S MAIDEN NAME ANNA BUTLER		14. NAME OF HUSBAND OR WIFE JESSIE HAHNEMANN			

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY NO. (If yes, give year or dates of service) WWI		17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA HOSPITAL RECORDS, ST. LOUIS, MISSOURI			
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18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) GENERALIZED ARTERIOSCLEROSIS WITH GANGRENE, LEFT LOWER EXTREMITY				Indetermined	
		ANTECEDENT CAUSES Morbidity 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.					

19a. DATE OF OPERATION 12-30-54		19b. MAJOR FINDINGS OF OPERATION Arteriosclerosis Obliterans of all vessels				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? 4501			

22. I hereby certify that I attended the deceased from **12-17-54**, 19____, to **1-26-55**, 19____, and that death occurred at **11:25 Pm.**, from the causes and on the date stated above.

23. SIGNATURE J. Westphalinger (Degree or title) M. D. O.		23b. ADDRESS VAH, ST. LOUIS, MISSOURI		23c. DATE SIGNED 1-27-55	
24a. BURIAL, CREMATION, OR REMOVAL (Specify) REMOVED 1-21-55 NATIONAL CEM.		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY JEFFERSON BARACKS No.	
DATE REC'D BY LOCAL REG. JAN 28 1955		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SOUTHERN FUNERAL HOME 6322 S. GRAND ST. LOUIS, MO.	

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 J. Wyland Jr*
Licensed Embalmer No. *1451*

P. O. Address *6322 S. 8th*

**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.**