

FILED APR 12 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9101

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 276 PRIMARY REG. DIST. NO. 4410 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u> <u>0280</u>	
b. CITY OR TOWN <u>St James</u> <u>A</u> (If outside corporate limits, write RURAL and give township)	c. LENGTH OF STAY (in this place) <u>38 days</u>	c. CITY OR TOWN <u>heasburg</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>1</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Soldiers Home Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>4 miles South of heasburg</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MINNIE</u> b. (Middle) <u>ROSE</u> c. (Last) <u>Hahn</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 31 1955</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Nov. 2 1881</u>	9. AGE (In years last birthday) Months Days Hours Min. <u>73</u> <u>4</u> <u>29</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Chris Wildeisen</u>	13b. MOTHER'S MAIDEN NAME <u>Rosina Stoll</u>	14. NAME OF HUSBAND <u>Alexander Hahn</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Betty June Hahn heasburg, Mo.</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>		
	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 <u>332 X</u>	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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 21, 1955, to March 31, 1955, that I last saw the deceased alive on March 20, 1955, and that death occurred at 6:20 A.M., from the causes and on the date stated above.

22a. SIGNATURE <u>John Hessekreutz, MD</u> (Degree or title)	22b. ADDRESS <u>St. James, Mo</u>	22c. DATE SIGNED <u>3-31-55</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>April 3 1955</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Soldiers Home Cemetery</u>
23d. LOCATION (City, town, or county) (State) <u>St. James Mo.</u>	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Norman C. Haener Cuba, MO</u>	
DATE REC'D BY LOCAL REG. <u>4-3-55</u>	REGISTRAR'S SIGNATURE <u>Ruth B. Powell</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.....  
*Norman A. Joener*

Licensed Embalmer No. *4673*

P. O. Address *Cuba, Miss*

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.