

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4099

STATE FILE NUMBER

FILED FEB 21 1957

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 60

1. PLACE OF DEATH a. COUNTY <u>COLE</u>			2. USUAL RESIDENCE (Where deceased lived) If institution: Residence before admission. a. STATE <u>Mo</u> b. COUNTY <u>WASCONAGE</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>JEFFERSON CITY</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>0330</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>WAS E. STILL HOSPITAL</u>			Length of stay in lb <u>99 DAYS</u>		d. STREET ADDRESS (If outside, give location) <u>ROOTBI-HERMANN</u>
3. NAME OF DECEASED (Type or print) <u>JENNIE CAROLINE HAHN</u>			4. DATE OF DEATH <u>FEB. 15-1957</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>DEC 17-1881</u>		9. AGE (In years last birthday) <u>75</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEKEEPER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTHPLACE (City and state or country) <u>DRAKE MO</u>	
13. FATHER'S NAME <u>GEORGE HENCKLER</u>			14. MOTHER'S MAIDEN NAME <u>JOHANNA KAUFMANN</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>STONE</u>		17. INFORMANT <u>EDNA PAULS</u> Address <u>Maplewood Mo</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>GENERALIZED CARCINOMATOSIS</u>  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>CARCINOMA OF SIGMOID</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) _____					INTERVAL BETWEEN ONSET AND DEATH. <u>2 mo.</u>  <u>3 yrs.</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) _____			
20c. TIME OF INJURY _____ Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____	
21. I attended the deceased from <u>AUG. 10, 1950</u> , to <u>FEB. 15, 1957</u> and last saw her alive on <u>FEB. 15, 1957</u> Death occurred at <u>7:15 A.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>H. G. Blomer</u> (Degree or title) <u>2</u>			22b. ADDRESS <u>Hermann, Mo.</u>		22c. DATE SIGNED <u>2/16/57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>2/18/57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ST. JOHN'S CEMETERY</u>		23d. LOCATION (City, town, or county) <u>SWISS</u> (State) <u>Mo.</u>
24. FUNERAL DIRECTOR <u>HUGA H. Blomer</u> ADDRESS <u>HERMANN Mo</u>		25. DATE RECD. BY LOCAL REG. <u>16 February 1957</u>		26. REGISTRAR'S SIGNATURE <u>R. G. Davis MD-MR.</u>	

Public Health Service

00-56

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

630

FEB 26 1957

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.....  
*Hugo H. Lehner*  
Licensed Embalmer No. 310

P. O. Address.....  
*Hermann*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.