

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14756

FILED APR 26 1957

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **3397**

STATE FILE NUMBER  
**3397**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST LOUIS,</b>		c. CITY OR TOWN <b>ST LOUIS,</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST JOHNS HOSPITAL</b>		Length of stay in 1b <b>3 HRS,</b>	
3. NAME OF DECEASED (Type or print) First <b>FRED</b> Middle <b>WILLIAM</b> Last <b>HAHNE</b>		4. DATE OF DEATH Month <b>APRIL</b> Day <b>8,</b> Year <b>1957</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>MAY 10, 1889</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MERCHANT</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>TAVERN</b>	9. AGE (In years last birthday) <b>67</b> IF UNDER 1 YEAR: Months _____ Days _____ Hours _____ Min. _____ IF UNDER 24 HRS. _____
11. BIRTHPLACE (City and state or country) <b>ST LOUIS MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>GEORGE HAHNE</b>		14. MOTHER'S MAIDEN NAME <b>SUSAN GROHMANN.</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>YES WORLD WAR 1</b>		16. SOCIAL SECURITY NO. <b>496-36-4018</b>	
17. INFORMANT <b>ISABEL DILLON</b>		Address <b>4511 MARGARETTA AVE</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pulmonary edema</b> DUE TO (b) <b>Congestive heart failure</b> DUE TO (c) <b>arteriosclerosis of aorta &amp; hypertension</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Incarcerated rt inguinal hernia 443x</b>			INTERVAL BETWEEN ONSET AND DEATH <b>if hours 24 hours</b> <b>years</b>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>		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.) <b>---</b>		20c. TIME OF INJURY Hour _____ 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.) <b>---</b>	
20f. CITY, TOWN, OR LOCATION <b>---</b>		COUNTY STATE	
21. I attended the deceased from <b>7/9/45</b> to <b>4/8/57</b> and last saw <b>her</b> alive on <b>4/7/57</b> Death occurred at <b>1:30 AM</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Wm. A. McGuire, M.D.</b>		22b. ADDRESS <b>2322 No. Kingshighway E 322 Kingshighway</b>	
22c. DATE SIGNED <b>4/8/57</b>		22d. (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>4/10/57</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>BELLEFONTAINE CEMETERY</b>		23d. LOCATION (City, town, or county) (State) <b>ST LOUIS MISSOURI</b>	
24. FUNERAL DIRECTOR <b>STROOT - CARROLL</b>		ADDRESS <b>4600 NATURAL BRIDGE AVE</b>	
25. DATE RECD. BY LOCAL REG. <b>APR 9 '57</b>		26. REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

