

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-011705
STATE FILE NUMBER

FILED APR 3 1958

Registration District No. _____

318

Primary Registration District No.

1003

Registrar's No.

3517

300
1-57

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|---|----------------------------------|---|---|---|---|
| 1. PLACE OF DEATH a. COUNTY | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Illinois</u> b. COUNTY | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>Highland</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Luke Hospital</u> | | Length of stay in 1b | d. STREET ADDRESS (If outside, give location) <u>1906 Cypress</u> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <u>George</u> Middle <u>C.</u> Last <u>Hahn</u> | | | 4. DATE OF DEATH Month <u>March</u> Day <u>26</u> Year <u>1958</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>June 10, 1874</u> | | 9. AGE (In years last birthday) <u>83</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u> | 11. BIRTHPLACE (City and state or country) <u>Highland, Illinois</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> |
| 13a. FATHER'S NAME <u>Christian Hahn</u> | | 13b. MOTHER'S MAIDEN NAME <u>Homever</u> | | 14. NAME OF HUSBAND OR WIFE <u>Minnie Duerkob Hohn</u> | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>492-05-4519</u> | 17. INFORMANT Name <u>Elsie Rauscher</u> Address <u>1906 Cypress Highland, Illinois</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>Bronchopneumonia, post-operative</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>12 hr</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) <u>144x</u> | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Congestive Heart Failure, Early; 2) Carcinoma basal mucosa with metastases to neck</u> | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 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.) <u>2</u> | | | |
| 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.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from <u>March 17, 1958</u> to <u>March 29, 1958</u> and last saw him alive on <u>March 24, at 9 PM.</u> Death occurred at <u>5:30 AM March 26, 1958</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) <u>Meredith Jostad Payne, M.D.</u> | | | 22b. ADDRESS <u>3720 Washington St. Louis</u> | | 22c. DATE SIGNED <u>3/27/58</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 23b. DATE <u>3/29/58</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Mausoleum</u> | | 23d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u> |
| 24. FUNERAL DIRECTOR <u>Gebken Mortuary</u> | | ADDRESS <u>2630 Gravois Ave.</u> | | 25. DATE RECD. BY LOCAL REG. <u>MAR 27 '58</u> | 26. REGISTRAR'S SIGNATURE <u>Paul Smith</u> |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Medical Certification, etc., must be on only standard manufacturer's certificate. No symptoms will be listed. All diseases in Part I must be causally related.

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 *Herbert J. Gove Jr.*

Licensed Embalmer No. *4800*

P. O. Address *Hickman 22, Mo.*

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.