

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-015869

STATE FILE NUMBER

FILED APR 28 1958

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **3798**

300  
-57

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>St. Louis</b>	
b. CITY OR TOWN <b>St. Louis</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>St. Louis 4000</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. John's</b>		Length of stay in 1b <b>3 Weeks</b>	d. STREET ADDRESS <b>1308 S. Florissant</b>

3. NAME OF DECEASED (Type or print) First <b>JUANITA</b> Middle <b>S.</b> Last <b>HAHN</b>			4. DATE OF DEATH Month <b>Apr</b> Day <b>11</b> Year <b>1958</b>		
--	--	--	---	--	--

5. SEX <b>Female</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>2-26-1913</b>	9. AGE (In years) <b>45</b>	IF UNDER 1 YEAR Months <b>4</b> Days <b>5</b>	IF UNDER 24 HRS. Hours <b>5</b> Min.
-------------------------	----------------------------------	---	--------------------------------------	-----------------------------	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	11. BIRTHPLACE (City and state or country) <b>East St. Louis, Ill.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
---	--	---	---

13a. FATHER'S NAME <b>Louis G. Shellman</b>	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE <b>Louis G. Hahn</b>
--	---------------------------	---

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO.	17. INFORMANT <b>G. L. Shellman, 1308 S. Florissant</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>Bronchopneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b>
Conditions, if any, which gave rise to above cause (a), starting the underlying cause last.	DUE TO (b) <b>Duodenal fistula</b>	<b>7 days</b>
	DUE TO (c) <b>Duodenal Ulcer, Perforated</b>	<b>4 mos</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) <b>5411</b>
---	---

20c. TIME OF INJURY Hour <b>11</b> Month, Day, Year <b>4-4-58</b> a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/>
--

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>St. Louis</b>	COUNTY <b>St. Louis</b>	STATE <b>Missouri</b>
--	--	--	----------------------------	--------------------------

21. I, **Emily J. Lawrence**, declare that the deceased died on **April 11, 1958** at **1308 S. Florissant**, to **her** and last saw her alive on **April 10, 1958** at **1308 S. Florissant**, Missouri, on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>Emily J. Lawrence</b>	22b. ADDRESS <b>7825 Carondelet</b>	22c. DATE SIGNED <b>4/13/58</b>
--	--	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>4-4-1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Matthew's Ceme.</b>	23d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>
--	------------------------------	--	---

24. FUNERAL DIRECTOR <b>McLAUGHLIN'S, 2301 Lafayette</b>	ADDRESS <b>PR 1-0717</b>	25. DATE RECD. BY LOCAL REG. <b>APR 4 '58</b>	26. REGISTRAR'S SIGNATURE <b>J. Carl Smith, M.D.</b>
---	--------------------------	--	---

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *James R. Chapman* .....  
Licensed Embalmer No. .... 4550  
P. O. Address *St. Louis, 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.