

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-003012
STATE FILE NUMBER
162

FILED JAN 26 1959 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 162

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1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri, b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis,		c. CITY OR TOWN St. Louis,	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lutheran Hospital,		d. STREET ADDRESS (If outside, give location) 159 ADDRESS 4121 Nebraska Ave.,	
3. NAME OF DECEASED (Type or print) First Middle Last Magdalena (Helen) Hahn, (Hahn).		4. DATE OF DEATH Month Day Year January 6, 1959	
5. SEX Female.	6. COLOR OR RACE White,	7. Separated, MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH January 28, 1875
9. AGE (In years last birthday) 83		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home,	11. BIRTHPLACE (City and state or country) Lenaheim, Austria-Hungary
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Henry Bitto,	13b. MOTHER'S MAIDEN NAME Unknown.
14. NAME OF HUSBAND OR WIFE Casper Hahn,		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.
17. INFORMANT Address Mrs. Josephine Brinkmann, 4121 Nebraska Ave		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic myocarditis with failure DUE TO (b) Amyloidosis DUE TO (c) + Generalized Arteriosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c) (7) Bilateral Iliac Vein Thrombosis.	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 4221	
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 <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 April 1958 , to Jan 6, 1959 and last saw her/him alive on Jan 5, 1959 Death occurred at 9:15 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Charles G. Henninger M.D.		22b. ADDRESS 4401 Hampton	
22c. DATE SIGNED 1/6/59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal.	23b. DATE 1/9/59	23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery,	23d. LOCATION (City, town, or county) St. Louis County, Missouri,
24. FUNERAL DIRECTOR Gebken-Benz Mortuary,	ADDRESS 2842 Meramec St., St. Louis, 18, Mo.	25. DATE RECD. BY LOCAL REG. JAN 7 '59	26. REGISTRAR'S SIGNATURE Charles Smith Mo <i>m & B</i>

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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 byme....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed


Licensed Embalmer No. 4249
2842 Meramec S
P. O. Address.....St. Louis, 18

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.