Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-011832
STATE FILE NUMBER

FILED MAR 19 1959 Registration District No. 317 Primary Registration District No. 510 Registrar's No. 685

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Olivette — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 155 Stoneleigh Towers — Length of stay in 1b YRS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St. Louis
c. CITY OR TOWN Olivette 4380 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 155 Stoneleigh Towers — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First Walter — Middle H — Last Hahn

4. DATE OF DEATH Month March Day 12 Year 1959

5. SEX male

6. COLOR OR RACE White

7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH Feb. 8 1890

9. AGE (In years last birthday) 69 — IF UNDER 1 YEAR: Months 1 Days 14 — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner Hahn R.E. Co.

10b. KIND OF BUSINESS OR INDUSTRY Real Estate

11. BIRTHPLACE (City and state or country) St. Louis Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Frederick Hahn

13b. MOTHER'S MAIDEN NAME Amelia Lepold

14. NAME OF HUSBAND OR WIFE Dorothy Hahn

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes (If yes, give war or dates of service) World War I

16. SOCIAL SECURITY NO. unk.

17. INFORMANT Address Dorothy Hahn 155 Stoneleigh Towers

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Carcinoma of Prostate 4201H

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 May 13, 1952 to 3/12/59 and last saw ~~her~~ him alive on 2/13/59
Death occurred at 2:15 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Md

22b. ADDRESS 3520 Central - 5 -

22c. DATE SIGNED 3/13/59

23a. BURIAL, CREMATION, REMOVAL Burial

23b. DATE March 14, 1959

23c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cemetery

23d. LOCATION (City, town, or county) St. Louis County (State) Missouri

24. FUNERAL DIRECTOR C.R. Lupton and Sons — **ADDRESS** 7233 Delmar Blv'd.

25. DATE RECD. BY LOCAL REG. 3-13-59

26. REGISTRAR'S SIGNATURE John C. Murphy MD/pr

(Licensed Embalmer's Statement on Reverse Side)

Walter Hahn
AFTER
FRIDAY 2-21-5

NOV 27 1962

(3)

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 Clarence H. Murr

Licensed Embalmer No. 4011

P. O. Address St Louis, M

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.