IRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS MAR 11 1960

60-008293
STATE FILE NUMBER

NDED

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2-2141

DOCUMENT

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS | Length of stay in 1b 6 YRS.

c. CITY OR TOWN ST. LOUIS | Inside Limits Yes ☑ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3840A McREE AVE | Inside Limits Yes ☑ No ☐

d. STREET ADDRESS (If outside, give location) 3840A McREE AVE | Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First WALTER Middle A. Last HAHN

4. DATE OF DEATH Month FEB Day 22, Year 1960

5. SEX M.

6. COLOR OR RACE WHITE

7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 5/16/1886

9. AGE (last birthday) 73

IF UNDER 1 YEAR Months Days | IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED NITE WATCHMANN

10b. KIND OF BUSINESS OR INDUSTRY DRAYAGE Co.

11. BIRTHPLACE (City and state or country) WASHINGTON, Mo

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

13a. FATHER'S NAME CHARLES HAHN

13b. MOTHER'S MAIDEN NAME UNKNOWN

14. NAME OF HUSBAND OR WIFE ELLA HAHN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) 4/17/28 - 9/21/29

16. SOCIAL SECURITY NO. 488-03-1058

17. INFORMANT ELLA HAHN Address 3840A McREE AVE STLOUIS 10, Mo

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 Sclerosis

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Certerio sclerosis

DUE TO (c) 4201

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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

BY AFFIDAVIT OF

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____

Death occurred at 905 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Paul J. Simon (Degree or title) Deputy Coroner

22b. ADDRESS 1300 Clark

22c. DATE SIGNED 2/24/60

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL

23b. DATE FEB. 25. 1960

23c. NAME OF CEMETERY OR CREMATORY NATL. CEMETERY

23d. LOCATION (City, town, or county) (State) JEFFERSON BARRACKS Mo.

24. FUNERAL DIRECTOR Bluedmeyer & Sons ADDRESS 3934 N. 20 St.

25. DATE RECD. BY LOCAL REG. FEB 24 1960

26. REGISTRAR'S SIGNATURE Earl Smith M.D. mjc

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4100

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
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.