

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-039249

STATE FILE NUMBER

Registration District No. 162 Primary Registration District No. 5594 Registrar's No. 123

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

| | | | | | |
|--|-------------------------------|---|---|--|--------------------------------|
| FILED OCT 22 1962 | | 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | |
| a. COUNTY Jefferson | | b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Meramec | | a. STATE Missouri b. COUNTY Jefferson | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Meramec | | Length of stay in 1b Lifetime | | c. CITY OR TOWN Rural | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R. R. House Springs, Mo. | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) R. R. 2 House Springs, Mo. | |
| 3. NAME OF DECEASED (Type or print) Emma K. Hahn | | First Middle Last | | 4. DATE OF DEATH Sept. 21, 1962 | |
| 5. SEX F. | 6. COLOR OR RACE W. | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH Oct 30, 1889 | 9. AGE (last birthday) 72 | IF UNDER 1 YEAR Months Days |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework | | 10b. KIND OF BUSINESS OR INDUSTRY Home | | 11. BIRTHPLACE (City and state or country) House Springs, Mo. | |
| 12. CITIZEN OF WHAT COUNTRY U. S. A. | | 13a. FATHER'S NAME Fred Beck | | 13b. MOTHER'S MAIDEN NAME Anna Riechman | |
| 14. NAME OF HUSBAND OR WIFE John A. Hahn | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none | | 16. SOCIAL SECURITY NO. none | |
| 17. INFORMANT John A. Hahn | | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute coronary thrombosis DUE TO (b) arteriosclerosis + hypertension DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | INTERVAL BETWEEN ONSET AND DEATH 5 min 10 yrs | |
| 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input 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.) | |
| 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year | | 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 St. Pauls Lutheran | | COUNTY near Antonia, Mo. | | STATE | |
| 21. I attended the deceased from 6-21-1945 to 9-21-1962 and last saw her alive on 9-18-1962 Death occurred at 1:05 A. M. on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE <i>[Signature]</i> | | (Degree of title) | | 22b. ADDRESS Emma, Mo. | |
| 22c. DATE SIGNED 9-21-1962 | | 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE Sept. 24, 62 | |
| 23c. NAME OF CEMETERY OR CREMATORY Heiligttag--Imperial, Mo. | | 23d. LOCATION (City, town, or county) near Antonia, Mo. | | 23e. STATE | |
| 24. FUNERAL DIRECTOR Heiligttag--Imperial, Mo. | | 25. DATE RECD. BY LOCAL REG. 9-24-62 | | 26. REGISTRAR'S SIGNATURE <i>[Signature]</i> | |

NOV 2 1962

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

Arthur W. Shilley

Licensed Embalmer No. 3892

P. O. Address Imperial 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.