

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

35483

1. PLACE OF DEATH
 42 County St. Louis Registration District No. 347
 Townshp. H Primary Registration District No. 3018
 City Clinton Mo (No. _____) St. _____ Ward _____

2. FULL NAME W^m Henry Hahn
 (a) Residence, No. 216 E Grandwood Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE N 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Edna Hahn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 21 1873

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	59	7	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 234

10. Date deceased last worked at this occupation (month and year) 5 yrs ago 11. Total time (years) spent in this occupation 17

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton Mo

MOTHER FATHER

13. NAME Chas Hahn

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Anna Ebelling

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs C Hahn

18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE 11/3 1932

19. UNDERTAKER (ADDRESS) Peelerson

20. FILED 11/2 1932 Ed C Peel Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/2 1932

22. I HEREBY CERTIFY, That I attended deceased from 2/13 1932 to 11/2 1932
 I last saw him alive on 11/2 1932 Death is said to have occurred on the date stated above, at 2 A m.
 The principal cause of death and related causes of importance were as follows:
Syphilitic Aortitis
which dilatation
Angina Pectoris
Pulmonary Edema 11/1/32
 Date of onset _____

Other contributory causes of importance:
34

Name of operation _____ Date of _____
 What test confirmed diagnosis Wassermann test Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____ 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) Ed C Peel M. D.
 (Address) Clinton Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 2 3 1932

