27 1939

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23345

Registration District No. 784 — Primary Registration District No. 200 — Registrar's No. 1148

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Rural St. Ferdinand Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Villa Gesu Riverview Drive
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 7 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Riverview Drive
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME 236 Sister Mary Salaberga Hahn 500

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife ____

6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased April 29 (Month) ____ (Day) 1859 (Year)

8. AGE:

Years	Months	Days	If less than one day
80	1	27	____ hr. ____ min.

9. Birthplace Allegheny (City, town, or county) Pennsylvania (State or foreign country)

10. Usual occupation Retired Religious Teacher

11. Industry or business School

FATHER
12. Name Casper Hahn
13. Birthplace ____ (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Marie Goldbach
15. Birthplace ____ (City, town, or county) Germany (State or foreign country)

16. (a) Informant's own signature Sister Mary Honoria

(b) Address Riverview Drive Baden P.O.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 28, 1939 (Month) (Day) (Year)

(c) Place: burial or cremation Villa Gesu Cemetery

18. (a) Signature of funeral director C. Hoffmeister W. E. Co.

(b) Address 7814 S. Broadway

19. (a) JUN 27 1939 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26 year 1939 hour 5 minute 30 p. M.

21. I hereby certify that I attended the deceased from June 1936, 19__, to June 26th, 1939 that I last saw her alive on June 26th, 1939 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis — Duration 2

Due to Infirmities of age

Due to ____

Other conditions None 93c
(Include pregnancy within 3 months of death)

Major findings:
Of operations ____
Of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ____

(b) Date of occurrence ____

(c) Where did injury occur? ____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? ____ (Specify type of place)

While at work? ____ (e) Means of injury ____

23. Signature [signature] (M. D. or other)

Address 5388 N. Union Blvd. Date signed 6-27-39

(Licensed Embalmer's Statement on Reverse Side)

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.

Mul. 9922
Reg. No. 6904

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.