

FILED NOV 16 1942 18

1003

9237

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Anthony's Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... **2 days**
(Specify whether
In this community..... **Life**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **000**
(c) City or town..... **St. Louis,** **17**
(If outside city or town limits, write "RURAL") **9 1/2**
(d) Street No..... **3535 Humphrey**
(If rural, give location)
(e) Citizen of foreign country?..... **--** (Yes or No)
If yes, name country..... **0**

3. (a) PRINT FULL NAME

Harry C. Kahn

(b) If veteran, name war..... **--**

(c) Social Security No. **494-10-1740**

4. Sex..... **Male** 5. Color or race..... **White** 6. (a) Single, widowed, married, divorced..... **Single**
(b) Name of husband or wife..... **--** 6. (c) Age of husband or wife if alive..... **--** years
7. Birth date of deceased..... **August 18 1899**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
43 2 15 hr. min.

9. Birthplace..... **St. Louis, Missouri 0**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Freight Handler**

11. Industry or business..... **Anheuser-Busch**

MOTHER FATHER

12. Name..... **August Kahn**
13. Birthplace..... **St. Louis, Missouri 0**
(City, town, or county) (State or foreign country)
14. Maiden name..... **Elizabeth Rearich**
15. Birthplace..... **St. Louis, Missouri 0**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Arthur Kahn**
(b) Address..... **3517 Utah Street**

17. (a) **Burial** (b) Date thereof..... **11-7-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **New St. Marcus**

18. (a) Signature of funeral director..... **Hecker-Adkins Und. Co.**

(b) Address..... **3634 Gravois Avenue**

19. (a) **NOV 5 1942** (b) **J. F. Budeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **November** day..... **3**
year..... **1942** hour..... **12** minute..... **35 P.M.**

21. I hereby certify that I attended the deceased from..... **Oct 15**
..... 19....., to..... 19.....;
that I last saw him alive on..... **Nov. 3, 12 Noon**..... 1942
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Coronary Thrombosis**

Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy..... **Coronary Thrombosis**

Duration
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?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature..... **M. A. Schneider** (M. D. or other)
Address..... **3312 So. Grand** Date signed..... **Nov 4**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

B

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.....

Frank J. Howard

Licensed Embalmer No.

2645

P. O. Address.....

St. Louis 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 this body is not embalmed, fact should be so stated above.