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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 25 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19473
5418
Registrar's No.

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Desloge Hospital
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution (Specify whether)
In this community years, months or days

3. (a) PRINT FULL NAME Bahn, Bernard
3. (b) If veteran, name war Zahn none
3. (c) Social Security No. none
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna Zahn
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased March 27, 1873
(Month) (Day) (Year)

8. AGE: Years 71 Months 2 Days 18
If less than one day hr. min.

9. Birthplace Okawville, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Unknown

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Anna Zahn

(b) Address 3321 S. 9th St.

17. (a) Burial (b) Date thereof 6-18-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Japan, Missouri

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. JUN 15 1944 (b) J. T. Bredack
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3321 S. 9th St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15th
year 1944 hour 10 minute 55A. M.

21. I hereby certify that I attended the deceased from May 15th, 1944, to June 15th, 1944;
that I last saw him alive on June 15th, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Anterior meningitis
Heart Disease

Due to 9 1/2
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy
Duration 2 1/2
Physician

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 P. E. Fox (M. D. or other)
Address 1325 So. Grand Blvd. Date signed 6/15/44

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

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.....

Albert G. Hopper
2971

Licensed Embalmer No.....

P.O. Address.....

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.