

S. No. 2
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5-17-39
PI X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED OCT 7 1946 STANDARD CERTIFICATE OF DEATH

State File No. 31411
Registrar's No. 2020

Registration District No. 317

Primary Registration District No. 6076

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Manchester
(c) Name of hospital or institution: Manchester Nursing Home
(d) Length of stay: In hospital or institution 12 days
In this community 1 years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Webster Groves
(d) Street No. 218-Lithia Avenue
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME August A. Hahn
3. (b) If veteran, name war None 3. (c) Social Security No. No
4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Emily 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased Feb. 24 1867

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day -27 year 1946 hour 11 minute 35 A.M.
21. I hereby certify that I attended the deceased from Sept 24 1946, to Sept 27 1946
that I last saw him alive on Sept. 26 1946 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
79 7 3 hr. min.

Immediate cause of death Cerebral hemorrhage
Due to hypertensions
Duration 43 minutes

9. Birthplace Grover Mo.
10. Usual occupation Father

Other conditions
Major findings: Of operations
Of autopsy

11. Industry or business retired
12. Name John Hahn
13. Birthplace Unknown
14. Maiden name Unknown
15. Birthplace Unknown

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?
(d) Did injury occur in or about home, on farm, in industrial place, or public place?
While at work? (Specify type of place)
(e) Means of injury

16. (a) Informant Emily Hahn
(b) Address 218-Lithia Ave-Webster Groves
17. (a) Burial (b) Date thereof 9-30-46
(c) Place: burial or cremation Valhalla Cemetery
18. (a) Signature of funeral director Blumstein
(b) Address 2504-Woodson Rd Overland
19. (a) 10-1-46 (b) Ruth Allen

Signature C.H. Dennis (M. D. or other MD)
Address Drove Osage Mo Date signed 9-28-46

(Licensed Embalmer's Statement on Reverse Side)

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

6
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5

OCT 23 1946

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 Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland 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.