

FILED FEB 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **6236**

No. 300

10. 48

#94471

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. **1443**

BIRTH NO. _____

REG. DIST. NO. _____

PRIMARY REG. DIST. NO. _____

Registrar's No. _____

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis, Mo.**

c. LENGTH OF STAY (in this place)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE **Mo.**

b. COUNTY

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**

d. STREET ADDRESS (If rural, give location)

4235 Blaine

3. NAME OF DECEASED

a. (First)

b. (Middle)

c. (Last)

(Type or Print)

Michael Hahn

4. DATE OF DEATH

(Month) (Day) (Year)

Feb. 13th, 1949

5. SEX

M**O****W****R****T****R****A****N****I****C****H****E****S****I****A****N****I****C****H****E****S****I****A****N****I****C****H****E****S****I****A****N****I****C****H****E****S****I****A****N****I****C****H****E****S****I****A****N****I****C****H****E****S****I****A****N****I****C****H****E****S****I****A****N****I****C****H****E****S****I****A****N****I****C****H****E****S****I****A****N****I****C****H****E****S****I****A****N****I****C****H****E****S****I****A****N****I****C****H****E****S****I****A****N****I****C****H****E****S****I****A****N****I****C****H****E****S****I****A****N****I****C****H****E****S****I****A****N****I****C****H****E****S****I****A****N****I****C****H****E****S****I****A****N****I****C****H****E****S****I****A****N****I****C****H****E****S****I****A****N****I****C****H****E****S****I****A****N****I****C****H****E****S****I****A****N****I****C****H****E****S****I****A****N****I****C****H****E****S****I****A****N****I****C****H****E****S****I****A****N****I****C****H****E****S****I****A****N****I****C****H****E****S****I****A****N****I****C****H****E****S****I****A****N****I****C****H****E****S****I****A****N****I****C****H****E****S****I****A****N****I****C****H****E****S****I****A****N****I****C****H****E****S****I****A****N****I****C****H****E****S****I****A****N****I****C****H****E****S****I****A****N****I****C****H****E****S****I****A****N****I****C****H****E****S****I****A****N****I****C****H****E****S****I****A****N****I****C****H****E****S****I****A****N****I****C****H****E****S****I****A**

[Handwritten Signature]
APR 16 1949

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed *Delif J. Krupin*

Signed _____
Student Embalmer

Licensed Embalmer No. 3497

P. O. Address 3634 Gravois

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.