

No. 300  
10-18

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# STANDARD CERTIFICATE OF DEATH

State File No. **40234**

Reg. # **97816**  
BIRTH DATE **DEC 15 1951**

REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **3827**

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

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR <b>TOWN JEFFERSON BARRACKS, MO.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR <b>TOWN ST. LOUIS</b>	
c. LENGTH OF STAY (If this place) <b>28 days</b>		d. STREET ADDRESS (If rural, give location) <b>5846 Delor Avenue</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSP.</b>			

3. NAME OF DECEASED a. (First) <b>FRED</b> (Type or Print)			b. (Middle) <b>J.</b>			c. (Last) <b>HAHN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>11-27-51</b>		
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>9-21-94</b>		9. AGE (In years last birthday) <b>57</b>		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SALESMAN</b>				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) <b>CHICAGO, ILLINOIS</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>JOSEPH F. HAHN</b>			13b. MOTHER'S MAIDEN NAME <b>ADELHEID STUTTGEN</b>			14. NAME OF HUSBAND OR WIFE <b>ROSE M. HAHN</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>YES</b> (If yes, give war or dates of service) <b>WWI</b>			16. SOCIAL SECURITY NO. <b>UNKNOWN</b>			17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>VA HOSPITAL RECORDS, JEFF.BKS, MO.</b>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>MALIGNANT HYPERTENSION</b>				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>445 X</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>VA</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from **10-30-51**, 19**51**, to **11-27-51**, 19**51**, and that death occurred at **4:15A** m., from the causes and on the date stated above.

23. SIGNATURE **E.C.O'BRIEN, O M. D.** (Degree or title) 23b. ADDRESS **VA HOSP. JEFF.BKS, MO.** 23c. DATE SIGNED **11-27-51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **REMOVAL** 24b. DATE **Nov. 29, 1951** 24c. NAME OF CEMETERY OR CREMATORY **ST. MARY'S Cemetery** 24d. LOCATION (City, town, or county) (State) **CHICAGO, ILL.**

DATE REC'D BY LOCAL REG. **11-27-51** REGISTRAR'S SIGNATURE **Hubert P. ...** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **G. HOFFMEISTER U&L COMPANY, St. Louis, Mo.**

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed *Harry J. Schumacher*  
Licensed Embalmer No. *2679*

P. O. Address *2814 1/2 Broadway*

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.