

2847

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

0556

12-24-54

1-18-54

FILED FEB 2 1954

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No.

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY 2029			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, MISSOURI		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis		
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL						
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) FRED c. (Last) HAHN			4. DATE OF DEATH (Month) (Day) (Year) January 18, 1954			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Married		
8. DATE OF BIRTH 4-3-1874		9. AGE (In years last birthday) 79		10. IF UNDER 1 YEAR Days IF UNDER 2 HRS. Hours IF UNDER 15 MIN. Mins.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Fireman			10b. KIND OF BUSINESS OR INDUSTRY City of St. Louis		11. BIRTHPLACE (City and State or Foreign Country) Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.						
13a. FATHER'S NAME Henry Hahn		13b. MOTHER'S MAIDEN NAME Louise Gaertner		14. NAME OF HUSBAND OR WIFE Emma Hahn		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Emma Hahn 4391 Dresden Ave		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)						
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ACUTE MYOCARDIAL INFARCTION				INTERVAL BETWEEN ONSET AND DEATH 4 WEEKS		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				SEVERAL YRS		
ANTECEDENT CAUSES DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE 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)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4200		
22. I hereby certify that I attended the deceased from 12-24-1953 , to 1-18-1954 , that I last saw the deceased alive on 1-18-1954 , and that death occurred at 6:05 a. m. , from the causes and on the date stated above.						
23a. SIGNATURE <i>E. McMillin M.D.</i> (Degree or title) M.D.			23b. ADDRESS BARNES HOSPITAL		23c. DATE SIGNED 1-19-54	
24a. BURIAL CREMATION REMOVAL (Specify) Removal		24b. DATE 1-21 1954		24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cemetery		
24d. LOCATION (City, town, or county) (State) 7901 Gravois Ave Mo						
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JAN 19 1954 <i>J. Earl Smith M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Ziegenhain Bros. 6409 Gravois Ave</i>				

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

50. (Licensed Embalmers' Statement on Reverse Side)

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..

Student.....
Signature of Student Embalmer

Signed..... *Jan M. Lyeun*

Licensed Embalmer No..... *43*

P. O. Address..... *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.