

## Certificate of Death

61-313824

FILED

Certificate No. \_\_\_\_\_

PL 12 09

NAME OF  
DECEASED

Herman

Hahl

(Print or Type)

First Name

Middle Name

Last Name

PERSONAL PARTICULARS  
(To be filled in by Funeral Director)2. USUAL RESIDENCE: (a) State New York(b) Co. Kings (c) City or Town Brooklyn(d) No. 225 Herkimer Ave. St.(e) Length of residence or stay in City of life  
New York immediately prior to death.3. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word) Married

4. DATE OF BIRTH OF DECEDENT (Month) (Day) (Year)

5. AGE (If under 1 year, specify month and days; if 1 year or more, specify year, month, and days)

6. a. Usual Occupation (Kind of work done during most of working life, even if retired) Prof. Base Ball playerb. Kind of Business or Industry in which this work was done League Baseball7. SOCIAL SECURITY NO. 053 10-74118. BIRTHPLACE (State or Foreign Country) Brooklyn N.Y.9. OF WHAT COUNTRY WAS DECEDENT A CITIZEN AT TIME OF DEATH? U.S.10a. WAS DECEDENT EVER IN UNITED STATES ARMED FORCES? No 10b. IF YES, Give war or dates of service11. NAME OF FATHER OF DECEDENT Peter Hahl12. MAIDEN NAME OF MOTHER OF DECEDENT Augusta Hahl13. NAME OF INFORMANT Mario Hahl14a. Name of Cemetery or Crematory West Hts. Crm. Cem15. FUNERAL DIRECTOR Seaman GreenwoodMEDICAL CERTIFICATE OF DEATH  
(To be filled in by the Physician)16. PLACE OF DEATH: (a) NEW YORK CITY (b) Borough Brooklyn(c) Name of Hospital or Institution St. Mary's  
(If not in hospital or institution, give street and number.)(d) If in hospital give Ward No. 1

17. DATE AND HOUR OF DEATH (Month) (Day) (Year) (Hour)

18. SEX Male 19. Approximate Age 63

20. I HEREBY CERTIFY that (I attended the deceased) or (a staff physician of this institution attended the deceased) or

from April 23, 1961 to July 4, 1961and last saw him alive at 5:10 on July 4, 1961I further certify that death was not caused, directly or indirectly by accident, homicide, suicide, acute or chronic poisoning, or in any suspicious or unusual manner, and that itwas due to NATURAL CAUSES.

\* Cross out words that do not apply.

† See first instruction on reverse of certificate.

Witness my hand this 4 day of July 1961Signature Arthur HahlName of Physician Augusta Hahl  
(Print or type name)Address 1298 St. Marks Avenue