WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

7042

File No. 2010

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis

Registration District No. 791

Primary Registration District No. 1003

(No. St. Johns Hospital St. Ward)

2. FULL NAME Joseph B. Hamneken HANNEKEN

(a) Residence. (Usual place of abode) No. 6204 Crescent Ave St., 4 Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nellie Hamneken

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 17, 1878

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	49	3	5	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Maintenance Dept.

(b) General nature of industry, business, or establishment in which employed (or employer) Board of Education

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis

(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Charles Hamneken

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Union

(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Sophie Heian

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Union

(STATE OR COUNTRY) Mo.

14. INFORMANT Nellie Hamneken

(Address) 6204 Crescent Ave

15. FILED FEB 23 1928 Mark Starkloff REGISTRAR

5

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feby 22 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1928, to Feb. 22, 1928 that I last saw h. alive on Feb. 22, 1928, and that death occurred, on the date stated above, at 1.00 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Ch. Nephritis with hypertension

Ch. Myocarditis

Arteriosclerosis

(duration) Many yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Acute exacerbation of Ch. Nephritis

(duration) yrs. 1 mos. ds.

18. WHERE WAS DISEASE CONTRACTED 131 936

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Laboratory

(Signed) James H. Cummings, M. D.

2/23/28 19 (Address) 220 Metropolitan Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Odd Fellows Cemetery

DATE OF BURIAL Feby 26 1928

20. UNDERTAKER Elmer Shepard

ADDRESS 1167 Hamilton Ave

Dr Cummings
[illegible]
1[illegible] - 3[illegible]