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

Do not use this space.

11023

1. PLACE OF DEATH

County..... Registration District No. 791

Township..... Primary Registration District No. 1003

City St Louis (No. 1465 Hamilton St. Ward)

File No. 2850

Registered No. .....

2. FULL NAME Daniel A Hanley

(a) Residence. No..... St., 16 Ward.
(Usual place of abode)

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.

(If nonresident give city or town and State)

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 Catherine Hanley

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 14th 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	7	28	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Police Officer

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) St Louis

PARENTS

10. NAME OF FATHER Michael J Hanley

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....
(STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER Ellen Burke

13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....
(STATE OR COUNTRY) Ireland

14. INFORMANT Mrs Catherine Hanley
(Address) 1465 Hamilton Ave

15. FILED MAR 13 1928 Mary C. Starkloff
REGISTRAR

1 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 12th 1928

17. I HEREBY CERTIFY, That I attended deceased from March 6th 1928, to March 12 1928, that I last saw h alive on Mch 11th 1928 and that death occurred, on the date stated above, at 5 15 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho - Pneumonia
107 B

(duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (SECONDARY) None

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?.....

0 DID AN OPERATION PRECEDE DEATH? No DATE OF.....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed) J Gallagher, M. D

3/12, 1928 (Address) 311 - 313 Wall 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	DATE OF BURIAL
Calvary	3-15 1928
20. UNDERTAKER	ADDRESS
Arthur J Donnelly	2039 Wash Av

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.

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