

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

Do not use this space.

19191

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City..... **St. Louis**

(No. **Deaconess Hospital**)

File No.....

Registered No. **5617**

St. _____ Ward)

2. FULL NAME

Louis William Hanisch

(a) Residence. No. **2351a Park Ave** St. **23** Ward.

(Usual place of abode)

(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

2. SEX **Male** | 4. COLOR OR RACE **White** | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Single**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **X X X X X X X X**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Aug. 12, 1877**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ___ hrs. or ___ min.
50 9 10

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Coal Weigher**

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

(c) Name of employer

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

10. NAME OF FATHER **Christ Hanisch**

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

12. MAIDEN NAME OF MOTHER **Unknown**

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

14. INFORMANT **Charles Hanisch** (Address) **Box 681 R. R. 29 St. Louis Co**

15. FILED **21 03 Max C Standley** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH (MONTH, DAY AND YEAR) **May 22 1928**

16. I HEREBY CERTIFY, That I attended deceased from **Aug 1 1928**, to **May 22 1928**, that I last saw ~~him~~ **her** alive on **May 31 1928**, and that death occurred, on the date stated above, at **10.45 A. M.**

THE CAUSE OF DEATH WAS AS FOLLOWS:

Apoplexy 131

CONTRIBUTORY (SECONDARY) **Arterio Sclerosis & thrombosis**

18. WHERE WAS DISEASE CONTRACTED **Not stated** (NOT IN PLACE OF DEATH)

19. DID AN OPERATION PRECEDE DEATH? **no** DATE OF _____ WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS? **Microscopic** (Signed) **J. E. O'Leary**, M. D.

(Address) **202 Vandeventer Cr. May 24 1928**
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 **Oak Grove Cemetery** DATE OF BURIAL **May 24 1928**

20. UNDERTAKER **A. W. M. Laughlin** ADDRESS **1631 Madison**

WRITE PAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

M. 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.

24 12/2/20

9 a.m.

1202 S. Vandewater

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