JAN 24 1930

96
11
3

MARGIN RESERVED FOR BINDING

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.

V. S. No. 2.

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

Do not use this space.

42011

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123 — File No.

Township CARONDELET — Primary Registration District No. 6248 B — Registered No. 444

City Jefferson Barracks (No. U.S. Veterans Hospital St. Ward)

2. FULL NAME Clarence A. Hankle

(a) Residence. No. 3716 Winnebago Ave. St. Ward. St. Louis, Missouri
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred Un yrs. kn mos. own 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	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 18, 1891

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	38	3	1	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Salesman

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

(c) Name of employer R. L. Polk & Co.

25.7

9. BIRTHPLACE (CITY OR TOWN) Chicago
(STATE OR COUNTRY) Illinois

2

PARENTS

10. NAME OF FATHER Charles A. Hankle

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

12. MAIDEN NAME OF MOTHER Frances DeBano

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) West Bend
(STATE OR COUNTRY) Wisconsin

14. INFORMANT C. H. SMITH, M. D., U.S. Veterans Hospital, Jefferson Barracks, Mo.
(Address) C. H. Smith

15. FILED Jan. 19, 1929 L. C. Obrock M. D.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) December 19, 1929

17. I HEREBY CERTIFY, That I attended deceased from March 31, 1929 to December 19, 1929 that I last saw him alive on December 19, 1929, and that death occurred, on the date stated above, at 4:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tuberculosis, Pulmonary, Far Advanced Active

(duration) Un yrs. kn mos. own ds.

CONTRIBUTORY (SECONDARY) None

(duration) Un yrs. kn mos. own ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? Unknown

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

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Findings Laboratory & X-Ray and

(Signed) W. C. GIBSON, M. D., Medical Officer in Chge., U.S. Veterans Hospital, Jefferson Barracks, Mo.
(Address)

*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 Valhalla — DATE OF BURIAL 12-21 1929

20. UNDERTAKER Wacker-Heldenbrand — ADDRESS 2331 S. Broadway