

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

Do not use this space.

42983

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis, Mo.** (No. **Deaconess Hospital**)

File No. ....

Registered No. **12789**

St. ....

Ward) ....

**2. FULL NAME**

**Mary Hannele**

(a) Residence. No. .... St., **11** Ward, **Morrison, Mo.**  
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. **16** da.

How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <b>Married</b>
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5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF  
**F. J. Hanne**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Feb. 9, 1869**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<b>60</b>	<b>10</b>	<b>21</b>	

**8. OCCUPATION OF DECEASED**

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

(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) **Germany**

10. NAME OF FATHER **S. Modrow**

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

12. MAIDEN NAME OF MOTHER **Frieda Krueger**

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

14. INFORMANT (Address) **Morrison, Mo.**

15. FILED **DEC 31 1929** Max C. Tomlin REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Dec. 30 1929**

17. I HEREBY CERTIFY, That I attended deceased from **12/29** 19**29**, to **12/30** 19**29**, and that I last saw her alive on **Dec. 30** 19**29**, and that death occurred, on the date stated above, at **11:00 a.m.**

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

**Cancer of Liver + Common Duct Diabetes Mellitus**

CONTRIBUTORY (SECONDARY) **Suppression Urine**

18. WHERE WAS DISEASE CONTRACTED **Morrison, Mo.**  
IF NOT AT PLACE OF BIRTH

DID AN OPERATION PRECEDE DEATH? **Yes** DATE OF **Dec 16, 1929**

WAS THERE AN AUTOPSY? **No**

WHAT TEST CONFIRMED DIAGNOSIS? **Examination of Specimen**

(Signed) **Carl Babler, M.D.**  
**12/30/29** (Address) **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 **Morrison, Mo.** DATE OF BURIAL **Jan 2, 1930**

20. URBERTAKER **Good Will Co Morrison, Mo.**

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.

Howson