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

Do not use this space.

10351

1. PLACE OF DEATH

County..... Registration District No. 791

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

City St. Louis. (No. 4262 Virginia Avenue. St. ..... Ward)

File No. ..... Registered No. 2329

2. FULL NAME John B. Hanneken

(a) Residence. No. 4262 Virginia Avenue. St., 15 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

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) Dec. 2, 1929.

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	3	3.	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

PARENTS

10. NAME OF FATHER Edwin J. Hanneken.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis,
(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Alvina Gaasch.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Moselle,
(STATE OR COUNTRY) Mo.

14. INFORMANT Edwin J. Hanneken
(Address) 4262 Virginia Avenue.

15. FILED ..... 1, 19..... Ruth C. Tinker
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 5 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb. 2, 1930, to March 4, 1930 that I last saw him alive on March 4, 1930, and that death occurred, on the date stated above, at 2:30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchopneumonia
Primary
Lobar

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

CONTRIBUTORY (SECONDARY)

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Joseph L. Jones M. D.

3/5/30 19 (Address) 4309 Virginia Ave

*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
Moselle, Missouri.	Mar. 7 19 30.

20. UNDERTAKER J. H. Gebken & Co. ADDRESS 2842 Mermaec St.

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.