

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

Do not use this space.

23322

**1. PLACE OF DEATH**

County.....  
Township.....  
City..... *St. Louis*

Registration District No. *781*  
Primary Registration District No. *1003*  
(No. *Lutheran Altonheim*)

File No.....  
Registered No. *6787*  
St. .... Ward)

**2. FULL NAME**

*Mary Hanawsky*  
(a) Residence. No. *8721 Halls Ferry Rd. St.* *8* Ward.

(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 *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Widow*

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *April 7 1850*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
*81 2 12*

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work *at Home*  
(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) *Des Plais Mo. 1*

10. NAME OF FATHER *H. Storch*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) *Germany 16*

12. MAIDEN NAME OF MOTHER *Unknown*

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

14. INFORMANT *Walter Storch*  
(Address) *7310 Dodier St.*

15. FILED *JUN 22 1931* *Max C. Storch* REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) *June 19 19 30*

17. I HEREBY CERTIFY, That I attended deceased from *Jan 1 1930* to *June 19 1931* that I last saw her alive on *June 19 1931* and that death occurred, on the date stated above, at *5.25 P* m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

*Aortic Insufficiency*  
*9210* (duration) yrs. *18* mos. ds.  
CONTRIBUTORY (SECONDARY) *None* (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? *No* DATE OF.....  
WAS THERE AN AUTOPSY? *No*

WHAT TEST CONFIRMED DIAGNOSIS  
(Signed) *J. A. Van Hoefen*, M. D.  
*6/19 1930* (Address) *8313 Halls Ferry Rd*

\*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  
*New Bethlehem Bern* *6/22 1931*

20. UNDERTAKER ADDRESS  
*Chas. H. Geiderwiden* *St. Louis*

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.

