

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

Do not use this space.

**26623**

**1. PLACE OF DEATH**

County ..... Registration District No. **1701**  
 Township ..... Primary Registration District No. **1008**  
 City **St. Louis** (No. **4363**, **Laclede**) St. .... Ward) .....

**2. FULL NAME**

**Edward Hansrahan**  
 (a) Residence, No. **4363 Laclede** St., **19** 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 <b>Male</b>	4. COLOR OR RACE <b>white</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>single</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Nov. 11<sup>th</sup> 1872</b>		
7. AGE YEARS <b>58</b>	MONTHS <b>8</b>	DAYS <b>1</b>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Police officer</b>		If LESS than 1 day, ..... hrs. or ..... min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <b>St. Louis</b>		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

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

13. NAME **William Hansrahan**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

15. MAIDEN NAME **Kate Lynt**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

17. INFORMANT **Mary Condon**  
 (ADDRESS) **4363 Laclede av**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Cadaverystage** DATE **July 15, 1931**

19. UNDERTAKER **Arthur J. Spinnell & Co.**  
 (ADDRESS) **2039 Wash St**

20. FILED **113 1379** Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 12 - 1931**

22. I HEREBY CERTIFY That I attended deceased from **Jan 1 - 1929** to **July 12 - 1931**  
 I last saw him alive on **July 11, 1931** Death is said to have occurred on the date stated above, at **530 P. M.**

The principal cause of death and related causes of importance were as follows:  
 Date of onset

**Chronic myocarditis**

Other contributory causes of importance:  
**Coro-Vascular Renal Arterio-sclerosis with Hypertension - Coronary Embolism**

Name of operation **None** Date of .....  
 What test confirmed diagnosis? **B. Presumptive** (Were an autopsy?) **No**

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? ..... Date of injury ....., 19  
 Where did injury occur? ..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury .....  
 Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? **No**  
 If so, specify .....

(Signed) **W. Raymond** M. D.  
 (Address) **1041 Missouri Bldg**

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.

Wm. H. H. B. B. B. B.  
Room 1041