

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.

JAN 5 1933

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

36921

1. PLACE OF DEATH

County St. LouisRegistration District No. 785Township KirkwoodPrimary Registration District No. 3037City Kirkwood(No. 112 N. Dickson St.)

File No. _____

Registered No. 230

St. _____ Ward _____

2. FULL NAME Lydia Burger Hanley(a) Residence, No. 112 N. Dickson St. 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 M4. COLOR OR RACE W5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John A. Hanley6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 1 - 1874

7. AGE

YEARS 58MONTHS 0DAYS 29

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

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) Iowa

FATHER

13. NAME Phillip J. Burger

MOTHER

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Emma Squires16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn17. INFORMANT (ADDRESS) Michel J. Hanley
Kirkwood Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Hamilton Mo. DATE 12-2 193219. UNDERTAKER (ADDRESS) Louis H. Bepp
Kirkwood Mo20. FILED 12-1 1932 P. E. Barnett
M. H.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 30 193222. I HEREBY CERTIFY, That I attended deceased from Nov. 29 1932, to Nov. 30, 1932I last saw him alive on Nov. 30, 1932 Death is saidto have occurred on the date stated above, at 7:25 p.m.

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

Lobar PneumoniaDate of onset 11-28-32Other contributory causes of importance: (1)

8. Name of operation _____

Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1932

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? _____

If so, specify _____

(Signed) R. H. Smith(Address) Kirkwood Mo. M. D.

