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

Do not use this space.

41758

1. PLACE OF DEATH

County ....
Registration District No. 7...
File No. ....
Township ....
Primary Registration District No. ...
Registered No. 10835
City St Louis
(No. St Johns Hospital .... St. .... Ward)

2. FULL NAME Edward J Hanley

(a) Residence, No. 7138 Forsythe Bl St., 12 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Lucy W. Hanley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 28 - 1866

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or .... min.
	65	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Plumbing

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Contractor

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): Penn

FATHER

13. NAME: William J. Hanley

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

MOTHER

15. MAIDEN NAME: Elizabeth Cordner

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

17. INFORMANT: Mrs Lucy W. Hanley
(ADDRESS) 7138 Forsythe Bl

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Calvary DATE: Dec 9th 1932

19. UNDERTAKER: Mullen Und Co
(ADDRESS) 5165 Delmar Bl

20. FILED DEC - 7 1932 .... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 29, 1932, to Dec 6, 1932

I last saw him alive on Dec 6, 1932. Death is said to have occurred on the date stated above, at 1:55 p.m.

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

Meningitis Simple — Date of onset: Dec 3 - 1932

Other contributory causes of importance: Labyrinthitis, Mastoiditis
Extra-dural abscess
Posterior fossa

Name of operation: Labyrinthectomy. Date of .... yes

What test confirmed diagnosis? .... Was there an autopsy? ....

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? ....

If so, specify ....

(Signed) ...., M. D.

(Address) Wash Blvd

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

V. S. No. 2