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.

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

Do not use this space. 30874

8137

1. PLACE OF DEATH SEP 13 1934

County ..... Registration District No. 791 File No. .....

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

City ST. LOUIS, MO. (No. ST. JOHN HOSP. St. ..... Ward)

2. FULL NAME PATRICK E. HANLEY

(a) Residence, No. 3922 EVANS St., 11 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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)
M.	WHITE	MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF BRIDGET HANLEY

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 27, 1855

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	79	2	11	

OCCUPATION

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

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

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) NEW ORLEANS, LA

FATHER

13. NAME MICHAEL HANLEY

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IRELAND

MOTHER

15. MAIDEN NAME BURKE

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IRELAND

17. INFORMANT (ADDRESS) MRS. BRIDGET HANLEY 3922 EVANS

18. BURIAL, CREMATION, OR REMOVAL

PLACE CALVARY CEMETERY DATE AUG. 10, 1934

19. UNDERTAKER (ADDRESS) MULLEN BROS. 4259 LINDELL BLVD

20. FILED AUG -8 1934 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-7-, 1934

22. I HEREBY CERTIFY, That I attended deceased from 7-16, 1934, to 8-7, 1934

I last saw him alive on 8-7, 1934. Death is said to have occurred on the date stated above, at 8 40 A m.

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

	Date of onset
At lower Lobar	
21B Pneumonia	
08	

Other contributory causes of importance:

Acute Appendicitis

Name of operation Appendectomy Date of 7-16-34

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) Carl J Rein, M. D.

(Address) 3720 Washington