

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

Do not use this space.

OCT 11 1934

791
1003

34728

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City *St Louis* (No. *1003*)

File No.....

Registered No. *9591*

St. Ward)

2. FULL NAME

John A. Hanneken
(a) Residence, No. *5706 Southwest Ave.*, St. *13* 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 *Male* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*single*)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug 20, 1920*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
14 1 7

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

Boat Boy

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) *St Louis, Mo* (STATE OR COUNTRY)

13. NAME *John B. Hanneken*

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

15. MAIDEN NAME *Viola Gadin*

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

17. INFORMANT *John B. Hanneken* (ADDRESS) *5706 Southwest*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Metz Park* DATE *Oct 1* 19*34*

19. UNDERTAKER *Bridgman Sporthanis* (ADDRESS) *2281 St Louis Highway*

20. FILED *SEP 29 1934* *J. W. Brubaker* Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *9/27*, 19*34*

22. I HEREBY CERTIFY, That I attended deceased from *Sept 28*, 19*34*, to *9-27*, 19*34*.

I last saw him alive on *Sept 27*, 19*34*. Death is said

to have occurred on the date stated above, at *11:55 p.m.*

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

acute appendicitis Date of onset *9/17/34*
acute diffuse peritonitis *9/26/34*

Other contributory causes of importance

Name of operation *appendectomy* Date of *9/27/34*

What test confirmed diagnosis? *operation* Was there an autopsy? *Yes*

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

Accident, suicide, or homicide? Date of injury

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) *A. Hartnett*, M. D.

(Address) *1325 A. Grand*

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.

