

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

Do not use this space.

JUN 5 1936

1. PLACE OF DEATH

County.....
Township.....
City **St Louis Mo.**

Registration District No. **791**
Primary Registration District No. **1003**
(No. **City Hosp.**)

File No. **21067**
Registered No. **5273**
St. Ward

2. FULL NAME **Baby Richard Hannick**

(a) Residence, No. **1813 So. Kingshighway**, **13** Ward.
(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. (If nonresident, give city or town and State)

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) May, 17, 1936		
7. AGE	YEARS	MONTHS
		DAYS
		If LESS than 1 day, 2 hrs. or 20 min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	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)	

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

13. NAME **Micheal Hannick**

14. BIRTHPLACE (CITY OR TOWN) **St? Louis**
(STATE OR COUNTRY)

15. MAIDEN NAME **Mildred Strawn**

16. BIRTHPLACE (CITY OR TOWN) **Quincy, Ill**
(STATE OR COUNTRY)

17. INFORMANT **Mrs Strawn**
(ADDRESS) **1813 So. Kingshighway**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **The Keller & Paul** DATE **May 17, 1936**

19. UNDERTAKER **Paul G. Calcuttara**
(ADDRESS) **5142 Daggert Ave**

20. FILER **MAY 18 1936**
J. Predeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **5/17/36**, 19
22. I HEREBY CERTIFY, That I attended deceased from **5/17**, 19 **36** to **5/17/36**, 19...
I last saw **deceased** alive on **5/17/36**, 19... Death is said to have occurred on the date stated above, at **6:00 am**.
The principal cause of death and related causes of importance were as follows:

Prematurity
151
atelectasis

Date of onset
Name of operation..... Date of.....
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) **J. Gardon**, M. D.
(Address) **City Hosp**

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.

