

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.

JUL 27 1936

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

Do not use this space.

24152

1. PLACE OF DEATH

County St. LouisRegistration District No. 690

File No. _____

Township CentralPrimary Registration District No. 60339Registered No. 214City Clayton(No. St. Louis County Hospital St. _____ Ward _____)2. FULL NAME HANLEY, Lois Jean(a) Residence, No. 2423 Wheaton Ave.

(Usual place of abode)

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

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

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

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

May 5 1936

7. AGE

YEARS

MONTHS

DAYS

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

28

OCCUPATION

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

none

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)

St. Louis County Missouri

13. NAME

Darry Hanley

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

St. Louis, Missouri

15. MAIDEN NAME

Ellen Vogel

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

St. Louis Missouri

17. INFORMANT (ADDRESS)

Mrs. Ellen Hanley 2423 Wheaton Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Wash. Grange Cem. DATE June 4 1936

19. UNDERTAKER (ADDRESS)

Geo. L. Plutisch Inc. 5966 Eastern Ave.

20. FILED

6/3 1936 Dr. J. Squarrelli Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

6/3 1936

22. I HEREBY CERTIFY, That I attended deceased from

5/221936, to6/3 1936

I last saw her alive on

6/3 1936

Death is said

to have occurred on the date stated above, at 6:25 a.m.

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

Malnutrition, Marasmus & Inanition

Date of onset

Other contributory causes of importance:

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 _____, 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)

Joseph P. Travis

, M. D.

(Address)

St. Louis Co. Hosp.

