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

44442
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis County 2 Registration District No. 784
(b) Township _____ Primary Registration District No. 101 Registered No. 2072
(c) City Clayton 1 (d) Street No. 7600 Westmoreland St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Nancy Caroline Hanley

(a) Residence, No. 7600 Westmoreland St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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) 1-11-1841
7. AGE YEARS 97 MONTHS 11 DAYS 7 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. ret. house-keeper
9. Industry or business in which work was done, as 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 Co. Mo. 0

FATHER 13. NAME Martin F. Hanley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia 1

MOTHER 15. MAIDEN NAME Cyrene C. Walton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Co. Mo. 0

17. INFORMANT Barbara Yore
(ADDRESS) 7600 Westmoreland

18. BURIAL, CREMATION, OR REMOVAL PLACE Fee Fee Cemetery DATE Dec. 21, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Al exander and Son 8
6175 Delmar Blvd.

20. FILED DEC 19 1938 G. R. Meyer M. D. P. 2
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 18th 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 14th 1938, to Dec 18th 1938
I last saw her alive on Dec 18th 1938. Death is said to have occurred on the date stated above, at _____ m.

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

Pneumonia (Bronchi)
92C
Other contributory causes of importance:
Myocardial infarction
Chronic myocarditis

Name of operation _____ Date of _____
What test confirmed diagnosis? Microscopic 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) Alphonse M. Gresham M. D.
(Address) 802 No. 13th

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.

1938

DECEASED JAN 6 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

Joseph E. McCulloch

or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Joseph E. McCulloch

Licensed Embalmer No. *2466*

P. O. Address *6175 Delmar*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.