

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

4662  
 Do not use this space.  
 1355

REC'D MAR 13 1939

1. PLACE OF DEATH

(a) County..... Registration District No. **791**  
 (b) Township..... Primary Registration District No. **1003**  
 (c) City **St. Louis** (d) Street No. **1054** **GIMBLIN ST.** 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 **55** yrs. mos. ds. (f) How long in U.S., if of foreign birth? **79** yrs. mos. ds.

2. PRINT FULL NAME **MARY HANNING**

(a) Residence, No. **1054 GIMBLIN ST.** St. **8**  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**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) **JUNE 15-1859**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
	<b>49</b>	<b>7</b>	<b>25</b>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. **House Work**  
 10. Date deceased last worked at this occupation (month and year) **1938** 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **ST. LOUIS MISSOURI**

FATHER

13. NAME **HENRY HANNING**  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **GERMANY**

MOTHER

15. MAIDEN NAME **MARY ONEIL**  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **IRELAND**

17. INFORMANT **MRS. THOMAS HUTTON**  
 (ADDRESS) **1054 GIMBLIN ST.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **CALVARY CEM.** DATE **FEB. 13 39**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **WIEDRICH F. HOME 2319 HALLS FERRY RD.**

20. FILED **FEB 11 1939** **J. P. Beckel** Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **FEB. 9 1939**

22. I HEREBY CERTIFY, That I attended deceased from **mas 17 1937** to **Feb - 9 - 1939**  
 I last saw her alive on **Feb - 8 - 1939**. Death is said to have occurred on the date stated above, at **4:45 p.m.**  
 The principal cause of death and related causes of importance were as follows:

Date of onset

**① Hemiplegia of left side.**

Other contributory causes of importance:  
**Chronic myocarditis & arterial sclerosis**

Name of operation **Bleed** Date of \_\_\_\_\_  
 What test confirmed diagnosis? **none** as there an autopsy? **yes**

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? **none** Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? **none**  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury **none**  
 Nature of injury **none**

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify **none**  
 (Signed) **Wm J. Hermann** M. D.  
 (Address) **2743 N. Grand**

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.

Dr M. F. Kammann

2743 N. Grand Blvd.

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**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, .....

....., or by .....

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

Signed

*Arthur R. Friedrich*

Licensed Embalmer No... *3556*

P. O. Address

*St Louis*

**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.**