DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27923

Registration District No. 791 1003

Primary Registration District No.

Registrar's No. 7423

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Anthonys Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State 1028½ S. 9th (b) County 1

(c) City or town St. Louis, Mo. 22
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Frank Hanna 500

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Maud Hanna

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased Sept. 4th, 1885
(Month) (Day) (Year)

8. AGE: Years 53 | Months 11 | Days 23 | If less than one day hr. min.

9. Birthplace E. St. Louis, Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Retired City Fireman

11. Industry or business

FATHER
12. Name Harry Hanna
13. Birthplace Illinois
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ellen Modglin
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Maud Hanna

(b) Address 1028 ½ S. 9th St.

17. (a) Memorial Park (b) Date thereof Aug. 30th/1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director John A. Genteman

(b) Address 5077 Durant Ave.

19. (a) AUG 29 1939 (b) G. B. Bridick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 27 year 1939 hour 4 minutes 05 A M.

21. I hereby certify that I attended the deceased from 8/25, 1939, to 8/26, 1939 that I last saw him alive on 8/26-39, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis — Duration

Due to Undetermined 4 yrs

Due to Hyperpiesia 4 yrs

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy No

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Joseph L. Berris (M. D. or other)

Address 4209 Virginia Date signed 8/27/39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Mu 2302

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 J. G. Sullivan

Licensed Embalmer No. 1122

P. O. Address 4704 Washington Bl

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.