

JAN 12 1940

791

State File No.

10909

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

- (a) County St. Louis Mo.
(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. Mary's Infirmary
(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

3. (a) PRINT
FULL NAME

Angeline Hanley

5110

3. (b) If veteran,

name war No Veteran

3. (c) Social Security

No. None4. Sex Female5. Color or
race Colored6. (a) Single, widowed, married,
divorced Widowed6. (b) Name of husband or wife
J. Hanley6. (c) Age of husband or wife if
alive Died years

7. Birth date of deceased

Oct 15 1861

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

78

2

4

hr.

min.

9. Birthplace

St. Louis Mo.

(City, town, or county)

(State or foreign country)

10. Usual occupation

Maid

11. Industry or business

none

12. Name

James Reid

13. Birthplace

St. Louis Mo.

(City, town, or county)

(State or foreign country)

14. Maiden name

Carico

15. Birthplace

St. Louis Mo.

(City, town, or county)

(State or foreign country)

16. (a) Informant's own signature

Alonzo Edwards

(b) Address

3115 Ball Ave.

17. (a)

(Burial, cremation, or removal)

(b) Date thereof

Dec. 22 1939

(Month) (Day) (Year)

(c) Place: burial or cremation

Washington Park

18. (a) Signature of funeral director

Wright's Funeral Home

(b) Address

3100 Easton Ave.

19. (a)

DEC 21 1939

(Date received local registrar)

(b)

J. F. Bessick

(Signature of registrar)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5105 Lindell
(If rural, give location)
(e) If foreign born, how long in U. S. A. ✓ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 18th
year 1939 hour 4 minute 9. M.

21. I hereby certify that I attended the deceased from
1934 to Dec 18 1939
that I last saw her alive on Dec 17 1939
and that death occurred on the date and hour stated above.
Immediate cause of death Carcinoma of
Pancreas Duration

Due to (?)Due to (?)Other conditions Amputation of
(Include pregnancy within 3 months of death)Major findings:
Of operations ✓Of autopsy ✓

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?

While at work? ✓

(Specify type of place)

(a) Means of injury ✓23. Signature J. F. Bessick (M. D. or other)Address 11 The Jefferson Date signed 12-21

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 me

Chas. Gurner, Registered Apprentice No. 2349
working under my personal supervision.

Signed Chas. Gurner
Licensed Embalmer No. 2349

P. O. Address.....

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.