

Registration District No. 791  
1003

Primary Registration District No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH: 1003 **FILED FEB 17 1940**

(a) County \_\_\_\_\_

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

(c) Name of hospital or institution: \_\_\_\_\_  
3720 Humphrey Avenue 2  
(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 5 7 5

3. (a) PRINT FULL NAME Mary Elizabeth Hannigan

8. (b) If veteran, name war Mo. 8. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Kenneth B. Hannigan 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased October 17, 1870  
(Month) (Day) (Year)

| 8. AGE: | Years     | Months   | Days     | If less than one day |
|---------|-----------|----------|----------|----------------------|
|         | <u>69</u> | <u>3</u> | <u>4</u> | hr. _____ min. _____ |

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Michael J. Mooney 5

13. Birthplace Ireland  
(City, town, or county) (State or foreign country)

14. Maiden name Ellen Bellew

15. Birthplace Ireland  
(City, town, or county) (State or foreign country)

16. (a) Informant K. B. Hannigan

(b) Address 3720 Humphry Avenue

17. (a) Burial (b) Date thereof Jan. 24, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Chas. J. Stuart

(b) Address 1225 Union Blvd.

19. (a) JAN 23 1940 (b) J. P. ...  
(Date of registration) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_

(c) City or town St. Louis 16  
(If outside city or town limits, write "RURAL")

(d) Street No. 3720 Humphrey Avenue  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 21  
year 1940 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from July 26 to Jan 21, 1940  
that I last saw him alive on Jan 21, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage Duration 10 days  
hypertension

Due to Cerebral hemorrhage  
Other conditions: hypertension  
(Include pregnancy, toxemia, etc.)

Major findings: \_\_\_\_\_ PHYSICIAN  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_  
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) \_\_\_\_\_  
(e) Means of injury \_\_\_\_\_

23. Signature Chas. J. Stuart (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed 1-23-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

*Mrs. Carl Blaney*

EXHIBIT

**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 *Gay W. Wilkinson*

Licensed Embalmer No. 3575

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.**