

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

DED FEB 17 1940

(a) County St Louis
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 mos 2 days
In this community 24 yrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St Louis 25
(If outside city or town limits, write "RURAL")
(d) Street No. 807 O'Fallon
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 28
year 1940 hour 2:30 minute A. M.

21. I hereby certify that I attended the deceased from November 26, 1939, to January 28, 1940
that I last saw him alive on January 28, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia, Pleural Effusion Duration 4-6mos

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: _____
Of operations _____
Of autopsy Lobar Pneumonia

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) (e) Means of injury _____
23. Signature A. J. Lyman (M. D. or other)
Address 2601 N Whittier Date signed _____

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

3. (a) PRINT FULL NAME

John Hannie 500

3. (b) If veteran, name war NO 3. (c) Social Security No. Unk.

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

6. (b) Name of husband or wife Corine Hannie 6. (c) Age of husband or wife if alive 45 yrs. years

7. Birth date of deceased Unknown Abt. 1881
(Month) (Day) (Year)

8. AGE: Years Abt. 59 Months _____ Days _____ If less than one day hr. _____ min. _____

9. Birthplace Natchez Mississippi
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER

12. Name Unknown

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

14. Maiden name Della Foster

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

16. (a) Informant Lela Hannie

(b) Address R. 1 Box 740, Clarkdale

17. (a) Burial (b) Date thereof 2/1/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation E. St. Louis Illinois

18. (a) Signature of funeral director J. M. Quinn

(b) Address 3517 S. Jackson

19. (a) JAN 31 1940 (b) J. B. Baker
(Date received local registrar) (Registrar's Signature)

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

P. M. Green

Licensed Embalmer No.

1173

P. O. Address

3517 Lae de one

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.