

20 0 1940  
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.  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 3805  
Registrar's No. 139

Registration District No. 784 Primary Registration District No. 111

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Richmond Heights  
(c) Name of hospital or institution: St. Mary's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: 5 DAYS  
In this community 2 YEARS  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Rev. Gerald J. Hanley  
3. (b) If veteran, name war  
3. (c) Social Security No.

4. Sex MALE  
5. Color or race WHITE  
6. (a) Single, widowed, married, divorced SINGLE  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife If alive years 1906  
7. Birth date of deceased UNKNOWN  
(Month) (Day) (Year)

8. AGE: Years 34 Months UNKNOWN Days hr. min.

9. Birthplace OMAHA NEBRASKA  
(City, town, or county) (State or foreign country)

10. Usual occupation CATHOLIC PRIEST

11. Industry or business JOHN HANLEY

MOTHER FATHER { 12. Name NEBRASKA  
13. Birthplace (City, town, or county) (State or foreign country)  
14. Maiden name NEBRASKA  
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Reid  
(b) Address 4970 OAKLAND AVE.

17. (a) BURIAL (b) Date thereof DEC. 22. 40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST. STANISLAUS SEMINARY

18. (a) Signature of funeral director  
(b) Address 3840 LINCOLN BLVD.

19. (a) JAN 20 1940 (b) R. M. Meyers  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO. (b) County  
(c) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4970 OAKLAND AVE.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 1 day 18  
year 1940 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from 1-16-40, 1940, to 1-18-40, 1940, that I last saw him alive on 1/18/40 and that death occurred on the date and hour stated above.

Immediate cause of death  
Pulmonary Embolism  
Due to Dissection of the aorta  
Duration  
Physician

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations X  
Of autopsy X  
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 R. M. Meyers (M. D. or other)  
Address 2700 Washington Date signed 1/20/40

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 W H Van Meter  
Licensed Embalmer No. 2825  
P. O. Address 4340 Lafayette

**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.**