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-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4838

FILED MAR 12 1940

Registration District No. 791

Primary Registration District No. _____

Registrar's No. 1668

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 days
In this community 40 YEARS (Specify whether years, months or days)

3. (a) PRINT FULL NAME David Hancock3. (b) If veteran, name war None3. (c) Social Security No. NONE4. 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

7. Birth date of deceased UNKNOWN 1867
(Month) (Day) (Year)8. AGE: Years 73 Months UNKNOWN Days _____ If less than one day _____ hr. _____ min.9. Birthplace NEVADA MO. 0
(City, town, or county) (State or foreign country)10. Usual occupation CLOTHING SALESMAN RETIRED

11. Industry or business _____

12. Name DAVID HANCOCK13. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)14. Maiden name ALICE FELPS
(City, town, or county) (State or foreign country)15. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)16. (a) Informant B.C. Matthis(b) Address 4412 A. CHOUTEAU AVE.17. (a) BURIAL (b) Date thereof FEB. 19, 40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation St. Matthews Cemetery18. (a) Signature of funeral director Arthur J. Donnelly(b) Address 3840 LINDELL BLVD.19. (a) FEB. 14 1940 (b) J.P. Buech
(Date of certificate) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County _____
(c) City or town ST. LOUIS 19
(If outside city or town limits, write "RURAL")
(d) Street No. 4339 FOREST PARK BLVD.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 16,
year 1940 hour 11:40 minute P. M.21. I hereby certify that I attended the deceased from February
3, 19 40 to February 16, 19 40
that I last saw him alive on February 16, 19 40
and that death occurred on the date and hour stated above.Immediate cause of death Pneumonia Duration _____

Due to _____

Due to _____

Other conditions MI
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy Same

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 E. Clouet (M. D. or other) _____*Address 1515 Lafayette Date signed 2/17/40

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

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.....

William Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette Ave

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.