

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

20407

State File No.

Registrar's No.

5355

Registration District No.

Primary Registration District No.

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 4 Days
(Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME Martha Hanley

3. (b) If veteran,
name war

3. (c) Social Security
No. None

4. Sex Female 5. Color or
race White

6. (a) Single, widowed, married,
divorced Widow

6. (b) Name of husband or wife
Thomas H. Hanley

6. (c) Age of husband or wife if
alive years

7. Birth date of deceased Dec 1st 1885
(Month) (Day) (Year)

8. AGE: Years 82 Months 8 Days 18
If less than one day
hr. 18 min.

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

10. Usual occupation At Home

11. Industry or business

12. Name Thomas Perrin
13. Birthplace England
(City, town, or county) (State or foreign country)

14. Maiden name Martha Yates
15. Birthplace England
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Kortum
(b) Address 4817 Bessie Ave

17. (a) Burial (b) Date thereof 6/22/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Galvary Cemetery

18. (a) Signature of funeral director Stroot - Carroll
(b) Address 4600 Natural Bridge Ave

19. (a) JUN 21 1940 (b) J. F. Bredeck
(Date of registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4817 Bessie Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A. years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19,
year 1940 hour 9:45 minute P. M.

21. I hereby certify that I attended the deceased from June 16, 1940, to June 19, 1940;
that I last saw him alive on June 19, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to

Due to

Other conditions
(Include pregnancy within 5 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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. K. Lewis (M. D. or other)
Address 1515 Lafayette Date signed 6/20/40

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 Sheldon Collier

Licensed Embalmer No. 3382

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.