

FILED SEP 25 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27114

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 7010

1. PLACE OF DEATH:

(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: 2109a Mullanphy St. 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)

8. (a) PRINT FULL NAME Maude Hanselman 5248. (b) If veteran, name war None 8. (c) Social Security No. None4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced M.6. (b) Name of husband or wife Harry Hanselman 6. (c) Age of husband or wife if alive 50 years7. Birth date of deceased Oct. 26, 1885
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
64 9 22 hr. _____ min.9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)10. Usual occupation At Home

11. Industry or business _____

12. Name Charles Quinn
13. Birthplace Toronto Canada
(City, town, or county) (State or foreign country)14. Maiden name Susan Keating
15. Birthplace Louisville Ky.
(City, town, or county) (State or foreign country)16. (a) Informant Harry Hanselman
(b) Address 2109a Mullanphy St.17. (a) Burial (b) Date thereof 8-21-1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthew18. (a) Signature of funeral director Arthur Bonnell
(b) Address 3840 Lindell Blvd.19. (a) AUG 19 1940 (b) _____
(Date received local registrar) (Date received by registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
 (c) City or town St. Louis 20
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2109a Mullanphy St.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 18th.,
year 1940 hour 3 minute 30 a. m.21. I hereby certify that I attended the deceased from Aug 10 1940 to Aug 18 1940,
that I last saw him alive on Aug 18 1940
and that death occurred on the date and hour stated above.Immediate cause of death Cerebral hemorrhage
left sideDue to hypertensionOther conditions (Include pregnancy within 3 months of death) SS

Major findings: Of operations _____

Of autopsy _____

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 H. E. ... (M. D. or other) 200
Address 4005 W. Flannery Date signed 8-19-40

(Licensed Embalmer's Statement on Reverse Side)

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

2
0-39
39
21492

MOTHER FATHER

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Kendall

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.