

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29724

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1346

1. PLACE OF DEATH:

(a) County St. Louis County
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Facility
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Admitted 8/9/40
(Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME William R. Hanley
3. (b) If veteran, name war World War 3. (c) Social Security No. none

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
7. Birth date of deceased March 28 1894
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	46	4	22	hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry or business -

12. Name Daniel Hanley
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Catherine Moran
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant M. Schuller

(b) Address Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) Burial (b) Date thereof 8-24-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Bullman

(b) Address 2849 N. Euclid

19. (a) AUG 22 1940 (b) W. Hughes M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County -
(c) City or town St. Louis
(If outside city or town limit, write "RURAL")
(d) Street No. 5021 Page Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A.? not applicable years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 20th
year 1940 hour 11:30 minute - p. M.

21. I hereby certify that I attended the deceased from August 9, 1940, to August 20, 1940,
that I last saw him alive on August 20, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Heart disease due to metabolic disturbance (with extreme obesity), myocardial damage and severe myocardial insufficiency. Duration Unkn.

Due to -

Other conditions Nephritis, chronic, with edema and severe anemia. Unkn. PHYSICIAN

Major findings: Of operations -

Of autopsy No autopsy.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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 C. W. HUGHES, M.D. (M. D. or other)

Address Chief Medical Officer Date signed 8/21/40

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 _____

Licensed Embalmer No. 3074

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.