

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

33547

NOV 16 1940
Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 8244

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5501 Cabanne Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 4 1/2 years (approx.) years, months or days)

3. (a) PRINT FULL NAME JOHN HANNA

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, widowed
6. (b) Name of husband or wife Harriet Billings Hanna 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 15 1850
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
90 2 18 hr. min.

9. Birthplace Stark County Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business _____

12. Name John W. Hanna
13. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Shade
15. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)

16. (a) Informant Elma Hanna
(b) Address 5501 Cabanne ave.

17. (a) burial (b) Date thereof 10/5/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Centralia, Kansas

18. (a) Signature of funeral director Alexander Sons Inc.
(b) Address 6175 Delmar Blvd.

19. (a) OCT 3 1940 (b) J. B. Brubaker
(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 limits, write "RURAL")
(d) Street No. 5501 Cabanne Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 3rd
year 1940 hour 10 minute A M.

21. I hereby certify that I attended the deceased from Dec. 34, 1934, to Oct. 2, 1940;
that I last saw him alive on Oct. 2, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial degeneration

Due to Valvular insufficiency

Due to _____

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

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 Phil Bassett md (M. D. or other) md
Address 1000 1/2 Big Bend Date signed 10/3/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1288 Rtg. Davis Bl.

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.....

Albert L. White....., Registered Apprentice No. 209
working under my personal supervision.

Signed J. Wm. Dimbley
Licensed Embalmer No. 3653
P. O. Address St. Louis Mo

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, fact should be so stated above.