No. 2
-13-40
-17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40872

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 10643

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1529 N. Union (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community 20

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 6 (If outside city or town limits, write "RURAL")

(d) Street No. 1529 N. Union (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Rose Hancock

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 married

6. (b) Name of husband or wife B. F. Hancock

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased March 24, 1875 (Month) (Day) (Year)

8. AGE: Years 65 Months 9 Days 1 If less than one day hr. min.

9. Birthplace (City, town, or county) Missouri 6 (State or foreign country)

10. Usual occupation Housewife 9

11. Industry or business

FATHER
12. Name ? Kyle 4
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown Harness
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant B. F. Hancock

(b) Address 1529 N. Union

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/27/40 (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) DEC 26 1940 (Date received local registrar) (b) J. H. Bredrick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 25 year 1940 hour 3.40 A.M. minute M.

21. I hereby certify that I attended the deceased from Dec 10, 1940, to Dec 25, 1940 that I last saw her alive on Dec 24, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Broncho pneumonia	15 da.
Due to	
Due to	
Other conditions Chronic asthma (Include pregnancy within 3 months of death)	many years

Major findings:
Of operations
Of autopsy

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature D C Todd (M. D. ~~or other~~)

Address University Club Bldg Date signed

(Licensed Embalmer's Statement on Reverse Side)

H.C. Todd
Univ. Club

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: Florenz Eynck

Licensed Embalmer No. 1284

P. O. Address St Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.