

No. 2  
1-4-41  
5-17-39  
PI X28390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

**MISSOURI STATE BOARD OF HEALTH**  
**STANDARD CERTIFICATE OF DEATH**

State File No. **13012**  
Registrar's No. **3442**

Registration District No. **791**

Primary Registration District No. **1003**

**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:  
**1216 N. Newstead 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 **26 years**  
years, months or days

3. (a) PRINT FULL NAME **Ira Hancock**

3. (b) If veteran, name war **--**  
3. (c) Social Security No. **492-09-8584**

4. Sex **Male** 5. Color or race **Negro**  
6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Julia Hancock**  
6. (c) Age of husband or wife if alive **44** years

7. Birth date of deceased **May 7th.** **1894**  
(Month) (Day) (Year)

8. AGE: Years **46** Months **11** Days **10** If less than one day hr. min.

9. Birthplace **Henderson Kentucky**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Waiter**  
**Hotel**

11. Industry or business \_\_\_\_\_

12. Name **William B. Hancock**  
13. Birthplace **Henderson Kentucky**  
(City, town, or county) (State or foreign country)

14. Maiden name **Lulu Dickson**  
15. Birthplace **Henderson Co. Kentucky**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Julia Hancock**

(b) Address **1216 N. Newstead Avenue**

17. (a) **Burial** (b) Date thereof **4-22-1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Washington Park Cem.**

18. (a) Signature of funeral director **Chas. J. Jones**  
(b) Address **4107 Finney Avenue**

19. (a) **APP 22 1941** (b) **J. W. Brebeck**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **000**  
(c) City or town **St. Louis** **17 11**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1216 N. Newstead Ave.** **9**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_ **0**

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **April** day **17th.**  
year **1941** hour **7:45** minute **P.M.**

21. I hereby certify that I attended the deceased from **4/10** 19**41** to **April 17th.** 19**41**  
that I last saw him alive on **April 17th.** 19**41**  
and that death occurred on the date and hour stated above

Immediate cause of death **Broncho-pneumonia** **7da.**

Due to **23**

Due to **10**

Other conditions **Tuberculosis** **1 yr.**  
(Include pregnancy within 3 months of death)

Major findings: **Amputation**  
Of operations **No operation**  
Of autopsy **11 Autopsy**

Duration  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury **0**

23. Signature **D. J. [Signature]** (M. D. or other) **0**  
Address **3136 Choteau Ave.** Date signed **4/20/41**

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

0  
7  
9

---

---

**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.....  
..... James A. Johnson ..... Registered Apprentice No. ....  
working under my personal supervision.

Signed

*James A. Johnson*

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Ave.

**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.**