

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. **784** Primary Registration District No. **2A** Registrar's No. **858**

1. PLACE OF DEATH:
(a) County **St. Louis County**
(b) City or town **Jefferson Barracks**
(c) Name of hospital or institution: **Veterans Administration Facility**
(d) Length of stay: In hospital or institution **39 days**
In this community **same**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Illinois** (b) County **999**
(c) City or town **Alton**
(d) Street No. **1109 Diamond St**
(e) If foreign born, how long in U. S. A.? **2** years

3. (a) PRINT FULL NAME **Frank F. Hancock**
(b) If veteran, name war **worldwar** (c) Social Security No. _____

20. DATE OF DEATH: Month **4** day **19**
year **1941** hour **2:40** minute **P** M.

4. Sex **Male** 5. Color or race **W** 6. (a) Single, widowed, married; divorced **Married**
6. (b) Name of husband or wife **Elizabeth Hancock** 6. (c) Age of husband or wife if alive **17** years
7. Birth date of deceased (Month) **9** (Day) **17** (Year) **1870**

21. I hereby certify that I attended the deceased from **March 11**, 1941, to **April 19**, 1941; that I last saw him alive on **April 19**, 1941; and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
70	7	2	hr. min.

Immediate cause of death **Coronary arteriosclerosis**
Myocardial infarction
Due to **arteriosclerosis**
Due to **12/7**

9. Birthplace **Alton Ill.**
10. Usual occupation **odd jobs**
11. Industry or business _____

Other conditions **2 1/2 days Prostatectomy**
Major findings: Of operations **Hypertrophied prostate**
Of autopsy _____

MOTHER FATHER { 12. Name **Unknown**
13. Birthplace **Unknown**
14. Maiden name **Unknown**
15. Birthplace **Unknown**

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

16. (a) Informant **Elizabeth Hancock**
(b) Address **Government Records, VAF, Jeff. Bks.**
17. (a) **Reburial** (b) Date thereof **11-20-41**
(c) Place: burial or cremation **Alton, Ill.**
18. (a) Signature of funeral director **Bureau & Co.**
(b) Address **Alton, Ill.**
19. (a) **APR 19 1941** (b) **FRANCIS M. MOYER**

23. Signature **C. W. HUGHES, M.D.**
Address **Chief Medical Officer** Date signed **4-19-41**

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

by J. J. Michaelson

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.....

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, fact should be so stated above.