

Registration District No. 784

Primary Registration District No. 101

State File No. \_\_\_\_\_

Registrar's No. 1703

**1. PLACE OF DEATH:**  
 (a) County St. Louis,  
 (b) City or town Clayton  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
7559 Byron Pl.  
(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)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County St. Louis, 96  
 (c) City or town Clayton,  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 7559 Byron, Pl.  
(If rural, give location)  
 (e) Citizen of foreign country?    (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** James Edward Hanger.  
 3. (b) If veteran, name war unknown  
 3. (c) Social Security No. none

4. Sex Male 5. Color White 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Nancy Anne Hanger. 6. (c) Age of husband or wife if alive 65 years  
 7. Birth date of deceased November, 10th 1876.  
(Month) (Day) (Year)

**8. AGE:** Years 64 Months 9 Days 8  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Richmond, Va.  
(City, town, or county) (State or foreign country)

10. Usual occupation President,

11. Industry or business J. E. Hanger Artificial Leg Co/

12. Name J. E. Hanger.

13. Birthplace Virginia  
(City, town, or county) (State or foreign country)

14. Maiden name Nora McCarthy.

15. Birthplace Virginia  
(City, town, or county) (State or foreign country)

16. (a) Informant Nancy Anne Hanger.  
 (b) Address 7559 Byron, Pl.

17. (a) Cremation (b) Date thereof 8-20-41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Oak Grove Crematory.

18. (a) Signature of funeral director. C. B. Lupton & Sons.  
 (b) Address 7233 Delmar, Blvd.

19. (a) AUG 18 1941 (b) E. J. McEaver, MD  
(Date received local registrar) (Registrar's signature)

2101 (Licensed Embalmer's Statement on Reverse Side)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Aug. day 18th  
 year 1941 hour 1 minute 15.0 M.

21. I hereby certify that I attended the deceased from Sept 1938  
Aug. 1941 to \_\_\_\_\_ 19\_\_\_\_;  
 that I last saw him alive on Aug 16, 1941  
 and that death occurred on the date and hour stated above.

Immediate cause of death coronary thrombosis  
or seconds.

Due to \_\_\_\_\_

Due to of 4a

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of 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?  
(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature J. J. Burke MD. (M. D. or other)     
 Address 3115 Os Grand Date signed 8-18-41

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

MOTHER FATHER

6511371 0195  
Dr. Fabian J. Burk  
3115 So Grand  
LA 1020  
2-4 28

SEP 29 1941

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

*Bradford A. Miles*

Licensed Embalmer No

*2901*

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.**