No. 2
-1-4-41
5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
DEC 22 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

36697
State File No.

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 8927

1. PLACE OF DEATH:
(a) County: St. Louis, Mo.
(b) City or town: (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Sanitarium 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 19yrs. 5mos. 29days. (Specify whether In this community years, months or days) About 74 years

2. USUAL RESIDENCE OF DECEASED:
000 17 13 17 1 0
(a) State: Missouri (b) County:
(c) City or town: St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 4253 Lafayette Ave. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes name country

3. (a) PRINT FULL NAME: William J. P. Hanley
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: single
6. (b) Name of husband or wife: single
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Mar. 10, 1865 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
76	7	30	hr. min.

9. Birthplace: Unknown (City, town, or county) New York (State or foreign country) 1
10. Usual occupation: Printer
11. Industry or business:
MOTHER FATHER
12. Name: William Hanley
13. Birthplace: Unknown (City, town, or county) Ireland (State or foreign country) 4
14. Maiden name: Lizzie Coregner
15. Birthplace: Unknown (City, town, or county) Ireland (State or foreign country) 4
16. (a) Informant: L. Meginder
(b) Address: 5400 Arsenal St
17. (a) Calvary (Burial, cremation, or removal) (b) Date thereof: NOV 12 (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary Cem
18. (a) Signature of funeral director: Thos J Furay
(b) Address: 5145 Broadway Blvd
19. (a) NOV 11 1941 (Date received local registrar) (b) J F Broderick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 9 year 1941 hour 10:00 minute P. M.
21. I hereby certify that I attended the deceased from 7-1-41, 19..., to 11-9-41, 19...; that I last saw h. 1m alive on 11-9-41, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Chronic Myocarditis 7-1-41x	
Due to	Chronic Nephritis 7-1-41x	
Due to		
Other conditions (Include pregnancy within 3 months of death)		
Major findings: Of operations		
Of autopsy	No.	

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? By Means of injury
23. Signature: Ruby N. P. Boyle (M. D. or other)
Address: 5400 Arsenal Date signed: 11/10/41

(Licensed Embalmer's Statement on Reverse Side)

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 Thomas J Funaro

Licensed Embalmer No. 1197

P. O. Address.....

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

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