S. No. 2
—1-4-41
5-17-39
PI X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 27 1942

Registration District No. 784

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3532

Primary Registration District No. 200

Registrar's No. 93

1. PLACE OF DEATH:

(a) County St Louis

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

(c) Name of hospital or institution: Ozark Nursing Home
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

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

(d) Street No. Ozark Nursing Home
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Michel M. Hanbeck

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex Male

5. Color or race white

6. (a) Single, widowed, married, divorced widower

6. (b) Name of husband or wife Elizabeth Hanbeck

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

7. Birth date of deceased Oct. (Month) 11. (Day) 1864 (Year)

8. AGE: Years 77 | Months 3 | Days 0 | If less than one day ..... hr. ..... min.

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

10. Usual occupation Freight Handler Retired

11. Industry or business Frisco R.R.

FATHER
12. Name Unknown Hanbeck
13. Birthplace ..... (City, town, or county) Germany (State or foreign country)

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

16. (a) Informant Arthur Hanbeck
(b) Address 5506 Greer Av.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 1-14-42 (Month) (Day) (Year)
(c) Place: burial or cremation Mo. Crematory

18. (a) Signature of funeral director Witt Bros & U.C.
(b) Address 2929 S. Jefferson Av.

19. (a) JAN 12 1942 (Date received local registrar) (b) C. G. McGavern M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 11 year 1942 hour 1 minute 00 A. M.

21. I hereby certify that I attended the deceased from Jan 8th, 1942 to Jan 10th, 1942 that I last saw him alive on Jan 10th, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Arteriosclerosis

Due to Chronic nephritis & senility

Other conditions ..... (Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

Duration: Uncertain

PHYSICIAN — Underline the cause to which death should be charged statistically.

131

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 Clara M. Gebert M.D. (M. D. or other)

Address Valley Park, Mo. Date signed 1/12/42

(Licensed Embalmer's Statement on Reverse Side)

FEB 24 1942

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 Paul A. Shanklin, Registered Apprentice No. ..... working under my personal supervision.

Signed Paul A. Shanklin

Licensed Embalmer No. 3472

P. O. Address 2929 S Jefferson

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.