

Registration District No. 191

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County ST. LOUIS - MO.
(b) City or town ST. LOUIS - MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: CITY HOSPITAL.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0
(Specify whether years, months or days)

3. (a) PRINT FULL NAME THEODORE HANNIBAL.

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 DIVORCED
6. (b) Name of husband or wife FLORENCE DOYLE 6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased AUG. 2, 1888.
(Month) (Day) (Year)

8. AGE: Years 53. Months 7. Days 11. If less than one day hr. _____ min. _____

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

10. Usual occupation CLERK - TR. EXPRESS.

11. Industry or business CHAUFFERS & HELPERS.

12. Name JOHN M. HANNIBAL

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

14. Maiden name ELIZABETH TECKENBROCK.

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

16. (a) Informant Eddie Hannibal.

(b) Address 4202 LINTON AVE

17. (a) BURIAL. (b) Date thereof 3-17-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY.

18. (a) Signature of funeral director J. M. Mullen.

(b) Address 5165 DELMAR BLVD.

19. (a) MAR 16 1942 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County 25⁰⁰⁰ 17
(c) City or town ST. LOUIS. 9
(If outside city or town limits, write "RURAL")
(d) Street No. 419. COLE ST. (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 13th
year 1942 hour 10:30 minute 0 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Obdema of Brain
Metastatic Senescence
Cardiac Hypertrophy
Due to _____
Due to _____

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

Major findings: Of operations _____
Of autopsy _____

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 _____

23. Signature James J. Ferguson (M.D. or other) _____
Address 11300 Blackhawk Date signed 3/16/42

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Coroner

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..... *W. G. Harris*

Licensed Embalmer No. *3384*

P. O. Address *St. Louis*

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.