

FILED MAY 1 1942

Registration District No. 377

Primary Registration District No. 4223

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Howard

(b) City or town St. Louis
(If outside city or town limits write "RURAL" and name of township)

(c) Name of hospital or institution:
3rd Street
(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)

In this community About 52 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard

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

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME MRS. FRANCES HANNACH

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16
year 1942 hour 5 minute 15 P. M.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Ernest Hannach

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

7. Birth date of deceased July 1852
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1-1-1942 to 4-19-1942, 1942 that I last saw her alive on _____, 19____; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>89</u>	<u>9</u>	<u>7</u>	_____ hr. _____ min.

Immediate cause of death Chronic Heart Condition Duration _____

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

Due to _____

Due to _____

10. Usual occupation Housewife

Other conditions (include pregnancy within 3 months of death) 93d

11. Industry or business _____

12. Name Frank Birmingham

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

14. Maiden name Unknown

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

Major findings: Of operations none

Of autopsy none

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mr. Louis Birmingham

(b) Address Later Mo

17. (a) Burial (b) Date thereof Apr. 18 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis Mo.

18. (a) Signature of funeral director E. W. Kitchner

(b) Address St. Louis Mo.

19. (a) Apr 21, 1942 (b) J. Thomas O'Donnell
(Date received local registrar) (Registrar's signature)

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 J. W. Kitchner (M. D. or other) _____
Address St. Louis Date signed 4/7

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

520

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 5-9-42

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

E. W. Friemuth

Licensed Embalmer No. 3978

P. O. Address Glasgow 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, above space should be left blank.