

**FILED JUL 29 1947 91**  
Registration District No. ....

Primary Registration District No. ....

000  
17  
9

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

1. PLACE OF DEATH:

(a) County **ST. LOUIS**

(b) City or town **ST. LOUIS**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution **JEWISH HOSPITAL**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **10 DAYS**  
(Specify whether years, months or days)

In this community **11 YEARS**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO.** (b) County **000**

(c) City or town **ST. LOUIS** **17**  
(If outside city or town limits, write "RURAL") **95**

(d) Street No. **5315 CABANNE AVE.**  
(If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No)

If yes, name country **0**

3. (a) PRINT FULL NAME **FRANCES H. HANF**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **NONE**

4. Sex **FEMALE**

5. Color or race **WHITE**

6. (a) Single, married, widowed, divorced **WIDOW**

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive **1873** years

7. Birth date of deceased **JUNE 16, 1873**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>69</b>	<b>0</b>	<b>22</b>	hr. min.

9. Birthplace **HAMBURG ILLINOIS**  
(City, town, or county) (State or foreign country)

10. Usual occupation **AT HOME**

11. Industry or business

12. Name **JOHN E. RUYLE**

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

14. Maiden name **Sarah Chrisseys**

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

16. (a) Informant **MR. RUYLE W. HANF**

(b) Address **5315 CABANNE AVE**

17. (a) **BURIAL** (b) Date thereof **7-10-42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **VALHALLA CEMETERY**

18. (a) Signature of funeral director **Arthur J. Donnelly**

(b) Address **3840 Lindell Blvd**

19. (a) **JUL 10 1942** (b) Registrar's signature **J. F. Bruck**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **8**  
year **1942** hour **2** minute **A.** M.

21. I hereby certify that I attended the deceased from **June 24** 19 **42**, to **July 8** 19 **42**.  
that I last saw him alive on **July 7** 19 **42** and that death occurred on the date and hour stated above.

Immediate cause of death **Cancer of the liver**

Due to **Cancer of the pancreas**

Other conditions **Hb**  
(Include pregnancy within 3 months of death)

Major findings: Of operations **Hb**

Of autopsy **Cancer of pancreas c. metastases in liver**

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 **0**

23. Signature **Albert E. Tausig** (M. D. or other) **MD**  
Address **4500 Olive St. St. Louis Mo** Date signed **7/16/42**

Duration **5 mos.**

PHYSICIAN

Underline the cause to which death should be charged statistically.

*Dr. J. J. [unclear]  
Linton [unclear]*

---

---

**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 *Stanley Marshall*  
Licensed Embalmer No. *2868*  
P. O. Address *3840 Ludell*

**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.**