

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22805

State File No.

6522

Registrar's No.

Registration District No.

Primary Registration District No.

1003

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital
(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

3. (a) PRINT FULL NAME

Ella May Hanley

3. (b) If veteran,

name war

3. (c) Social Security

No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

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

7. Birth date of deceased February 11th 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 5 20 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Patrick Faughner

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

14. Maiden name Sarah Dowd

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

16. (a) Informant Mrs. May Foster

(b) Address 1524 Wagoner Pl.

17. (a) Burial (b) Date thereof 8-4-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Int. Calvary Cemetery

18. (a) Signature of funeral director SULLIVAN BROTHERS

(b) Address 2849 No. Euclid Ave.

19. (a) AUG 2 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 1524 Wagoner Pl. (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 1
year 1942 hour 8:00 minute 15 A.M.

21. I hereby certify that I attended the deceased from July 23, 1942, to Aug. 1, 1942
that I last saw him or alive on Aug. 1, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death:
cerebral thrombosis
Diabetes mellitus
uremia.

Due to 61
57

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

Major findings:
Of operations

Of autopsy refused.

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 Dom Petersen (M. D. or other)
Address 1515 Lafayette Date signed 8/1/42

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.....

Albert Mayfield

Licensed Embalmer No.....

3077

P.O. Address.....

St Louis 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, fact should be so stated above.