. S. No. 2
M—9-4-41
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 10 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

25278/0

State File No. .....

Registration District No. 784 Primary Registration District No. 20 b Registrar's No. 1661

1. PLACE OF DEATH:
(a) County St. Louis County
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Facility 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Adm. July 31, 1942. (Specify whether years, months or days)
In this community unknown.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000 17
(c) City or town St. Louis, Mo. 9
(If outside city or town limits, write "RURAL")
(d) Street No. 1261 No. Euclid Ave.,
(If rural, give location)
(e) Citizen of foreign country? - (Yes or No)
If yes, name country -

3. (a) PRINT FULL NAME Claybourn Hanner

3. (b) If veteran, name war World War 1918

3. (c) Social Security No. None.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife -

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

7. Birth date of deceased July (Month) 19, (Day) 1887 (Year)

8. AGE: Years 55 Months 0 Days 14 If less than one day ..... hr. ..... min.

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

10. Usual occupation Guard

11. Industry or business Postoffice

FATHER
12. Name James R Hanner
13. Birthplace ..... (City, town, or county) Ky (State or foreign country)

MOTHER
14. Maiden name Ethel Fowler
15. Birthplace ..... (City, town, or county) Ky (State or foreign country)

16. (a) Informant Mrs Ethel Hanner
(b) Address 1261 Euclid Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/6/42 (Month) (Day) (Year)
(c) Place: burial or cremation Jefferson Bks Mo

18. (a) Signature of funeral director Harrigan & Sheahan Und Co
(b) Address 4415 Washington Blvd.

19. (a) AUG 4 - 1942 (Date received local registrar) (b) T. McCarron Rd (Registrar's signature)

101

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 3 year 1942 hour 3:20 minute P M.

21. I hereby certify that I attended the deceased from July 31, 19 42 to August 3, 19 42 that I last saw h. in alive on August 3, 1942; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchopneumonia, bilateral, untyped-	4 da.
Due to Bronchitis, chr., with recent acute exacerbation, and	Unk.
Sinusitis, chr., with recent acute exacerbation.	Unk.
Other conditions Psychosis, toxic (Include pregnancy within 3 months of death)	4 da.

Major findings:
Of operations -
Of autopsy No autopsy.

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

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 L. M. Cochran M. D., (M. D. or other)
Address Chief Medical Officer Vet.Adm.Fac., Jeff.Brks., Mo. Date signed 8/3/42

AUG 1 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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Homer H. Fritz

Licensed Embalmer No. 3882

P. O. Address.....

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.