

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2706 A LOUISIANA AVE.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 30 Yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2706 A Louisiana
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

3. (a) PRINT FULL NAME Laura L. Hanning

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race Wht. 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 March 14 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 7 18 17 hr. _____ min.

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

10. Usual occupation Clerk Navy Dept

11. Industry or business _____

MOTHER FATHER
12. Name Simon Hanning
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Mrs. Meta Heidorn
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Emma Palocardi
(b) Address 3337 Halladay

17. (a) Burial (b) Date thereof 11-3-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bethel Cemetery, Bond Mo

18. (a) Signature of funeral director Dr. J. F. Bredeloh
(b) Address 3819 S. Grand Blvd.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct 31 day 1942
year _____ hour 3:30 minute P. M.

21. I hereby certify that I attended the deceased from June 5, 1942, to October 31, 1942;
that I last saw her _____ alive on October 30, 1942;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 6 months

Due to Chronic Bronchitis and Hypertension } Several years

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

Major findings: Of operations _____
Of 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?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. Louis Schuchert (M. D. or other) _____
Address 2200 Chouteau ave Date signed 11-2-42

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

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

J. G. Sullivan

Licensed Embalmer No. *1122*

P. O. Address *4704 Washington Blvd*

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.