

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAR 14 1943

Registration District No. 787

Primary Registration District No. 200

Registrar's No. 366

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town PINE LAWN
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3722 SYLVAN PLACE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 40 YEARS (Specify whether in this community, years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS
(c) City or town PINE LAWN
(If outside city or town limits, write "RURAL")
(d) Street No. 3722 SYLVAN PLACE
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME MARGARET ROEVER HANGOCK

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

4. Sex 7 5. Color or race W 6. (a) Single, widowed, married, divorced 2 WIDOWED

6. (b) Name of husband or wife JOHN H. HANGOCK 6. (c) Age of husband or wife if alive - years

7. Birth date of deceased GHU-1-1860
(Month) (Day) (Year)

8. AGE: Years 83 Months 1 Days 9 If less than one day hr. - min. -

9. Birthplace ST. LOUIS MO.
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business -

12. Name JOHN ROEVER

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

14. Maiden name ELIZABETH HOLLWEIG

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

16. (a) Informant Harry J. Hancock

(b) Address 3722 Sylvan Place

17. (a) BURIAL (b) Date thereof FEB-13-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BELLEFONTAINE CEM

18. (a) Signature of funeral director L. B. Tanner

(b) Address 6107 N. Atchafalaya Bridge

19. (a) FEB 18 1943 (b) J. Mc Lara
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 10
year 1943 hour 11 minute 45 A.M.

21. I hereby certify that I attended the deceased from January 10 1942 to Feb 10 1943
that I last saw her alive on Feb 9, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Ret cerebral hemorrhage Duration 2-11-43

Due to Cerebral arteriosclerosis many yrs

Due to Senility many yrs

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations - Of autopsy 8321

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. C. Sinclair (M.D. or other) M.D.
Address 3718 Jernung Rd Date signed 2-11-43

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

600

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.....

Shepherd J. Burnley

Licensed Embalmer No. *4202*

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.