

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8351

MAR 30 1943

318

State File No. 2761

2761

Registration District No.

Primary Registration District No.

1007

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis MO
 (b) City or town St. Louis MO
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
DEACONESS HOSP
 (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 DOUGLAS BURNELL HANGER3. (b) If veteran, name war INFANT 3. (c) Social Security No.4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced. 0
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years7. Birth date of deceased MARCH - 20, 1943
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
1 hr. min.9. Birthplace St. Louis MO
(City, town, or county) (State or foreign country)10. Usual occupation INFANT

11. Industry or business

12. Name GOLDEN B. HANGER
 13. Birthplace EXCHANGE MO
 (City, town, or county) (State or foreign country)
 14. Maiden name MARY L. CALLAHAN
 15. Birthplace ELLINGTON MO
 (City, town, or county) (State or foreign country)

16. (a) Informant GOLDEN B. HANGER(b) Address 7149 YALE AV.17. (a) BURIAL (b) Date thereof MAR. 23, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation ELLINGTON MO18. (a) Signature of funeral director M. J. ...(b) Address 7146 MANCHESTER AV.19. (a) MAR 23 1943 (b) J. F. Budock
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County St. Louis
 (c) City or town MALEWOOD
 (If outside city or town limits, write "RURAL")
 (d) Street No. 7149 YALE AVE
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAR day 21
year 1943 hour 9 minute 30 A.M.21. I hereby certify that I attended the deceased from March 20, 1943 to March 21, 1943
that I last saw him alive on March 21, 1943
and that death occurred on the date and hour stated above.Immediate cause of death Pulmonary Hemorrhage
Duration 2 hrsDue to.....
Due to.....Other conditions 161
(Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

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 Sudley R. Smith (M. D. or other) MD
Address 4952 Maryland Date signed 3/21/43

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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.....
.....
working under my personal supervision.

Registered Apprentice No.....

Signed.....

Licensed Embalmer No.....

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.