

APR 15 1948

Registration District No. 184

Primary Registration District No. 115

Registrar's No. 670

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town University City.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
7066 Kingsbury Blvd.  
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 96

(c) City or town \_\_\_\_\_ (If outside city or town limits, write "RURAL")

(d) Street No. 7066 Kingsbury Blvd.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Helen Hanebrink.

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

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

6. (b) Name of husband or wife Christopher J. Hanebrink. 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased February 28, 1860  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>0</u>	<u>22</u>	_____ hr. _____ min.

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

10. Usual occupation At Home.

11. Industry or business \_\_\_\_\_

12. Name Henry Grafeman.

13. Birthplace Germany. 4  
(City, town, or county) (State or foreign country)

14. Maiden name Frances Doll. 4  
(City, town, or county) (State or foreign country)

15. Birthplace Germany. 4  
(City, town, or county) (State or foreign country)

16. (a) Informant C. J. Hanebrink.

(b) Address 7066 Kingsbury Blvd.

17. (a) Burial (b) Date thereof 3-23-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery.

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd

19. (a) 3-23-43 (b) E. J. O'Connell  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20th  
year 1943 hour 4 minute 00 P. M.

21. I hereby certify that I attended the deceased from Jan 1, 1943, to March 20, 1943  
that I last saw in alive on March 17, 1943,  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration 1 day

Due to Cardiovascular renal disease with hyper tension 5 years

Due to Senile changes

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy 1310

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 R. E. ... (M. D. or other) \_\_\_\_\_

Address 1117 N. Grant Date signed 3/27/43

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

76  
530

**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 W. H. Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

**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.**