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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

SEP 21 1943

Registration District No. 317

Primary Registration District No. 3069

Registrar's No. 2061

1. PLACE OF DEATH:

(a) County ST. LOUIS

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

(c) Name of hospital or institution: ST. MARY'S HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: in hospital or institution 3 DAYS
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County ST. LOUIS 096

(c) City or town WEBSTER GROVES 7
(If outside city or town limits, write "RURAL")

(d) Street No. 1010 BRIARTON DRIVE 4
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____ 1

3. (a) PRINT FULL NAME ROBERT HANKS

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPTEMBER day 12
year 1943 hour 5 minute 15 A.M.

21. I hereby certify that I attended the deceased from Sept. 10, 1943, to Sept. 12, 1943
that I last saw him alive on _____, 19____
and that death occurred on the date and hour stated above.

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 SEPTEMBER 9 1943
(Month) (Day) (Year)

Immediate cause of death Atelectasis 6 hours

Due to _____

Due to _____

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

8. AGE: Years Months Days If less than one day

0 0 3 hr. _____ min.

9. Birthplace RICHMOND HEIGHTS MO
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Major findings: 161a

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

10. Usual occupation NIL

11. Industry or business _____

MOTHER FATHER { 12. Name JOHN THOMAS HANKS

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

{ 14. Maiden name VIRGINIA GARCIA

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

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. J. Vellon (M. D. or other) _____
Address 331 W. Bigland, Webster Groves, Mo. Date signed 9/13/43

16. (a) Informant JOHN T. HANKS

(b) Address 1010 BRIARTON DRIVE WEBSTER

17. (a) BURIAL (b) Date thereof 9-13-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director C. Hoffmeister

(b) Address 7814 S. Brentwood

19. (a) SEP 14 1943 (b) E. G. McDevaney
(Date received local registrar) (Registrar's signature)

707

(Licensed Embalmer's Statement on Reverse Side)

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

16
3000

8-9-22
671 E Big Bend
To origin: different
Dr. P. Mcaleny

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.....

Not Embalmed.

Registered Apprentice No.....

working under my personal supervision.

Signed *L. C. Hoffmaster*

Licensed Embalmer No. *3871*

P. O. Address *7814 S. Broadway*

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.