

16.
S. No. 2
DM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 4 1944 18

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. 22908
Registrar's No. 11768

1. PLACE OF DEATH:
(a) County.....
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital
Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Days
(Specify whether
In this community 23 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 2318a So. Broadway (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Nora Hankins
(b) If veteran, name war none (c) Social Security No. _____

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced married
(b) Name of husband or wife Willis O. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased June 21, 1903
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
40 6 2 hr. _____ min.

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

10. Usual occupation _____
11. Industry or business _____

MOTHER FATHER
12. Name Bill Corral
13. Birthplace St. James, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Mary Haines
15. Birthplace St. James, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Willis O. Hankins
(b) Address 4141 Blaine Avenue

17. (a) Burial (b) Date thereof 12 27 43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director A. N. M. Laughlin
(b) Address 2801 1/2 Lafayette, St. Louis

19. (a) DEC 28 1943 (b) J. J. Bruders
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 23,
year 1943 hour 2:30 minute P. M.
21. I hereby certify that I attended the deceased from December
20, 1943 to December 23, 1943
that I last saw h. ex alive on December 23, 1943
and that death occurred on the date and hour stated above.
Immediate cause of death Lobar Pneumonia
Type VII & VIII
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy None
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) none
(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) _____
Means of injury _____
23. Signature William D. Saw (M. D. or other) _____
Address 1515 Lafayette Avenue Date signed 12/23/43

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

11-26-68

11-26-68

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 L. R. Cooper

Licensed Embalmer No. 3633

P. O. Address 2317 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.