

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 22 1943 18

State File No. 39909
Registrar's No. 10708

Registration District No. Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Luke's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 days
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Mildred D. Hanley

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Clarence Hanley 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased unknown
(Month) (Day) (Year)

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

9. Birthplace Sullivan Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

12. Name James J. Harsh

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

14. Maiden name Leslie Haste

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

16. (a) Informant Rev. Harold L. Harsh

(b) Address East St. Louis

17. (a) Removal to Madison (Date received local registrar) DEC 6 1943
(Burial, cremation, or removal) (Month) (Day), (Year)

(c) Place Removal to Madison

18. (a) Signature of funeral director Thomas J. Foley

(b) Address Madison, Illinois

19. (a) DEC 6 1943 (b) J. F. Burton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Macon
(c) City or town Decatur
(If outside city or town limits, write "RURAL")
(d) Street No. 372 South Webster Street
(If rural, give location)
(e) Citizen of foreign country? 2 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 6th
year 1943 hour 10:20 minute PM

21. I hereby certify that I attended the deceased from November 22, 1943 to December 6, 1943
that I last saw him alive on December 6, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Refluxitis Acute
Severe Edema of Lungs
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Some PHYSICIAN _____

Of autopsy _____ 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 M. D. Burton (M. D. or other) M. D.

Address 4952 Maryland Date signed 12/6/43

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.....

Francis J. Lahey

Licensed Embalmer No. *2792*

P. O. Address *Madison Ill.*

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.