S. No. 2
0M—2-43
5-17-39.
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39912

No. 20996) Registration District No. JAN 12 1948 Primary Registration District No. 1003 Registrar's No. 11888

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 Starkloff Memorial (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Days (Specify whether In this community 22yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17 000

(c) City or town St. Louis 9 26 (If outside city or town limits, write "RURAL")

(d) Street No. 1508 North Tenth St., (If rural, give location)

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

If yes, name country --- 0

3. (a) PRINT FULL NAME Isaac M. Hanna

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Separated 1

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased December 20, 1864 (Month) (Day) (Year)

8. AGE: Years 78 Months 11 Days 26 If less than one day hr. min.

9. Birthplace (City, town, or county) Texas (State or foreign country) 1

10. Usual occupation Bricklayer

11. Industry or business Unknown

FATHER
12. Name Salis Hanna
13. Birthplace (City, town, or county) Louisiana (State or foreign country) 1

MOTHER
14. Maiden name Lizzie (Unknown)
15. Birthplace (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant Ann P. Morrison

(b) Address 1515 Lafayette Avenue, St. Louis, Missouri.

17. (a) (Burial, cremation, or removal) (b) Date thereof 12-17-43 (Month) (Day) (Year)

Anatomical Board St. Louis

(c) Place: burial or cremation

18. (a) Signature of funeral director W. Rankin

(b) Address 2800 Rutgers St

19. (a) DEC 30 1943 (Date received local registrar) (b) J. F. Bridesh (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 15, year 1943 hour 7:30 minute P. M.

21. I hereby certify that I attended the deceased from December 11, 1943, to December 15, 1943 that I last saw him alive on December 15, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic heart disease

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Not done

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Fran Grimberg (M. D. or other) M.D.

Address 1515 Lafayette Date signed 12/16/43

(Licensed Embalmer's Statement on Reverse Side)

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.....

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.