V. S. No. 2
0M—8-43
ev. 5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23050

FILED AUG 14 1944

Registration District No. 518 Primary Registration District No. 1003 Registrar's No. 6860

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2435 Laflin St. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:

000 12
(a) State Missouri (b) County
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 9
(d) Street No. 2435 Laflin St. (If rural, give location) 11
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Catherine Virginia Hanley

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female | 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 February (Month) 8 (Day) 1902 (Year)

8. AGE: Years	Months	Days	If less than one day
42	5	26	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER

12. Name Patrick J. Hanley

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

14. Maiden name Mary Canalane

15. Birthplace (City, town, or county) Ireland 41 (State or foreign country)

16. (a) Informant John Hanley
(b) Address 2435 Laflin Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8- 7- 44 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Cullinane Bros.
(b) Address 1710 N. Grand Blvd.

19. (a) AUG 6 1944 (Date received local registrar) (b) J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 4 year 1944 hour 11 minute 0 p M.

21. I hereby certify that I attended the deceased from August 12, 1943 to August 4, 1944 that I last saw her alive on August 4, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	6 days.
Cardio-vascular renal disease	???
Due to	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	

Major findings: Of operations None
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:
(c) Accident, suicide, or homicide (specify) No
(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 Bernard L. Wolfe (M. D. or other)
Address 2302 Salisbury St. Date signed 8-5-44

(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 Fred Fruck

Licensed Embalmer No. 3186

P. O. Address St. Louis, Mo.

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.