

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35942

State File No. ....

9758

Registrar's No. ....

FILED NOV 30 1944 318

Primary Registration District No. ....

1003

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:  
**5021 Page Blvd.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community.....  
years, months or days)

3. (a) PRINT  
FULL NAME

**CATHERINE HANLEY**

3. (b) If veteran, name war.....  
3. (c) Social Security No.....

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **widow**  
6. (b) Name of husband or wife **Daniel A. Hanley** 6. (c) Age of husband or wife if alive **dead** years  
7. Birth date of deceased **August 13th 1865**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**79 3 2** hr. min.

9. Birthplace **Ireland** (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **Thomas Moran**

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

14. Maiden name **Bridget Gannon**

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

16. (a) Informant **Mr. Joseph T. Hanley-Son,**

(b) Address **5021 Page Blvd.,**

17. (a) **burial** (b) Date thereof **11/18/1944**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Int. Calvary Cemetery**

18. (a) Signature of funeral director **Sullivan Brothers,**

(b) Address **2849 North Euclid Avenue**

19. (a) **NOV 17 1944** (b) **J. F. Breeseck**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **5021 Page Blvd.**  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **15th**  
year **1944** hour **4:30** minute **P.** M.

21. I hereby certify that I attended the deceased from **Sept. 10 - 1931**  
....., 19....., to **November 15th**, 19.....

that I last saw him alive on **November 15th**, 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Cardiac Dilatation** Duration **40 min.**

Due to **Broncho-pneumonia** **3 Days**

Due to

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy

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?

While at work?..... (Specify type of place) (e) Means of injury **C**

23. Signature **Carl A. Powell M.D.** (M. D. or other)

Address **3571 Euclid Ave. St. Louis** Date signed **11-16-44**

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

Dr. Carl Powell,  
3511 Lucas  
Je. 6028

Be there at 12 noon today.

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**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

*Robert L. Brinkman*

Licensed Embalmer No. *2553*

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.**