

U. S. No. 2
FORM-5-43
Rev. 5-17-39
X 3667

FILED APR 23 1945 818

1003

State File No.

Registrar's No.

3056

Registration District No. Primary Registration District No.

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:
De Paul Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

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

(d) Street No. 4116 Fair Ave.
(If rural, give location)

(e) Citizen of foreign country? (1) (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Hanlon

3. (b) If veteran, name war No

3. (c) Social Security No. 489-22-0421

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4
year 1945 hour 4 minute A M.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Margaret Harrigan Hanlon

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased November 27 1876
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 6-24-43 19 to 4-3-45 19
that I last saw him alive on 4-3-45 19
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>68</u>	<u>4</u>	<u>7</u>	hr. min.

Immediate cause of death: Cancer of liver metastasized from Cecum

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Cancer of Cecum
Of operations: _____

Of autopsy: med exam

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

10. Usual occupation Laborer

8-7-44

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Patrick Hanlon

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

14. Maiden name Mary Egan

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

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? _____

16. (a) Informant Mrs. Margaret Hanlon

(b) Address 4116 Fair Ave.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4/6/45
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature J. F. Bredeck (M. D. or other) _____
Address 4952 Webster Date signed 4-5-45

18. (a) Signature of funeral director Stroot-Carroll

(b) Address 4600 Natural Bridge Ave.

19. (a) APR 5 1945 (Date received local registrar)

J. F. Bredeck (Registrar's signature)

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

06
17
9

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..... *V. E. Morris*

Licensed Embalmer No. *3360*

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.