

FILED JUN 4 1945

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 942

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Affton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
8630 Vassel Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 60 Years  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis  
(c) City or town Affton  
(If outside city or town limits, write "RURAL")  
(d) Street No. 8630 Vassel Ave.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Mary Hanmore

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, Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Dont Know 1870  
(Month) (Day) (Year)

8. AGE: Years 75 Months Unknown Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

12. Name Michael Hanmore

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

14. Maiden name Dont Know

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

16. (a) Informant John Flood

(b) Address 4106 Westminster Place

17. (a) Burial (b) Date thereof 4-18-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director W.D. Donnelly

(b) Address 3840 Lindell Blvd

19. (a) APR 18 1945 (b) E.B. McPauson  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16, 1945  
year \_\_\_\_\_ hour 2 minute 30A. M.

21. I hereby certify that I attended the deceased from Jan 1st 1945 to April 16 1945  
that I last saw h. et alive on April 15 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis  
Diagnosed  
Chronic Sclerotic Hypertension  
Duration 5 yrs  
5 yrs

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Left Aneurysm  
(Include pregnancy within 3 months of death) 5 yrs

Major findings: Chronic Bronchitis PHYSICIAN

Of operations \_\_\_\_\_

Of autopsy 938

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 W.D. Donnelly (M. D. or Other) \_\_\_\_\_  
Address 4340 West Kingshighway Date signed 4-16-45  
St Louis Mo

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

76  
8

**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 W H Van Matre.....

Licensed Embalmer No. 2825.....

P. O. Address 4340 Lafayette.....

**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.**