S. No. 2
0M—2-43
v. 5-17-39
I X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29070

FILED OCT 6 1945

Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 8458

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

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: ST JOHNS 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 Mo. (b) County 000
(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL")
(d) Street No. 5133 ROSA AV. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOSEPHINE HANLEY
3. (b) If veteran, name war NO
3. (c) Social Security No. 497-09-1049

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 APRIL (Month) 21 (Day) 1893 (Year)

8. AGE: Years 52 Months 5 Days 7 If less than one day hr. min.

9. Birthplace CHICAGO (City, town, or county) ILLINOIS (State or foreign country)
10. Usual occupation SECRETARY
11. Industry or business ANHEUSER-BUSCH.

FATHER
12. Name JAMES HANLEY
13. Birthplace NEW YORK (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ELIZABETH McCORMACK
15. Birthplace IRELAND (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Bessie Carraher
(b) Address 5133 ROSA AV.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT. 1-45 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEMETERY
18. (a) Signature of funeral director E. J. Schnur
(b) Address 3125 Lafayette Ave
19. (a) SEP 30 1945 (Date received local registrar) (b) J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 28 year 1945 hour 11 minute 50 A.M.

21. I hereby certify that I attended the deceased from Sept 1940 to 9-28 19 45; that I last saw her alive on 9-28- 19 45; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Rectum	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Hypertension Vascular Disease	

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

23. Signature (M. D. or other)
Address Humboldt Bldg Date signed 9-29-45

(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 John Keller

Licensed Embalmer No. 3880

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.