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0M—5-43
v. 5-17-39
I X36671

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. 35358

FILED NOV 29 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3961

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 603 Bates St. / (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 St. Louis

(c) City or town (If outside city or town limits, write "RURAL") /

(d) Street No. 603 Bates Street (If rural, give location)

(e) Citizen of foreign country? (Yes or No) D

If yes, name country

3. (a) PRINT FULL NAME William H. Hannibal

3. (b) If veteran, name war No.

3. (c) Social Security No. 943-10-3141

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Marguerite

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased Dec. (Month) 4 (Day) 1884 (Year)

8. AGE: Years 60 Months 11 Days 11 If less than one day hr. min.

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

10. Usual occupation Bartender

11. Industry or business

FATHER 12. Name Herman Hannibal

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

MOTHER 14. Maiden name Mary Eversmann

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

16. (a) Informant Marguerite Hannibal

(b) Address 603 Bates St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 19, 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Walter Schlueter

(b) Address 3634 Gravois Ave.

19. (a) NOV 17 1945 (Date received by local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 15 year 1945 hour 4 minute 30 A. M.

21. I hereby certify that I attended the deceased from November 14, 1945, to death, 19..; that I last saw him alive on November 14, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Lobar pneumonia	3 days
Due to:	
Due to:	
Other conditions: diabetes mellitus (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? (Specify type of place)

While at work? (e) Means of injury

23. Signature D. C. Pruett (M. D. or other) MD

Address 6006 Virginia Date signed 11/17/45

(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 Robert C Wheeler

Licensed Embalmer No. 2128

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.