

V. S. No. 2  
100M-5-43  
Rev. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

UNITED STATES BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED JAN 21 1946  
318

Registration District No. \_\_\_\_\_

Primary Registration District No. **1003**

Registrar's No. **216**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

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

(c) Name of hospital or institution:  
**4614 Natural Bridge Ave. /**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**

(c) City or town **St. Louis** **1017**  
(If outside city or town limits, write "RURAL")

(d) Street No. **4614 Natural Bridge Ave.** **9**  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_  
(Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Emma Hankinson**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **8**  
year **1946** hour **7** minute **1/P** M.

4. Sex **Female** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife **Wm. Hankinson**

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

7. Birth date of deceased **July 16 1858**  
(Month) (Day) (Year)

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

8. AGE:	Years	Months	Days	If less than one day
	<b>87</b>	<b>5</b>	<b>20</b>	hr. _____ min. _____

Immediate cause of death \_\_\_\_\_

Due to **Coronary Artery**  
**Atherosclerosis**

Due to **off**

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

9. Birthplace **Detroit Michigan /**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

Major findings: \_\_\_\_\_

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

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

12. Name **John Dixon**

13. Birthplace **England 4**  
(City, town, or county) (State or foreign country)

14. Maiden name **UNKNOWN**

15. Birthplace **Unknown 9**  
(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 **Glady's Downs**

(b) Address **4614 Natural Bridge Ave.**

17. (a) **Removal** (b) Date thereof **1/9/46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bay City, Michigan**

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

(b) Address **4600 Natural Bridge Ave.**

19. (a) **JAN 8 1946** (b) **J. J. Bredbeck**  
(Date certified) (Registrar's signature)

23. Signature **Stroot-Carroll & Taylor** (M.D. or other) \_\_\_\_\_

Address \_\_\_\_\_ Date signed **1/8/46**

(Licensed Embalmer's Statement on Reverse Side)

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

2569

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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..... *Ben E. Hoffman*

Licensed Embalmer No. *413/66*

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.