

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38667**
Registration District No. **318**
Primary Registration District No. **1003**
Registrar's No. **9906**

FILED DEC 2 1946

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

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... **St. Louis Mo**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3337 A Halliday /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community..... **Life** (Specify whether years, months or days)

3. (a) PRINT FULL NAME..... **Anna Hanning**
3. (b) If veteran, name war..... **No**
3. (c) Social Security No..... **Non**

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..... **1859** years
7. Birth date of deceased..... **Nov. 14th 1859**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 **0** **5** hr. min.

9. Birthplace..... **Missouri**
(City, town, or county) (State or foreign country)
10. Usual occupation..... **At Home**

MOTHER FATHER

11. Industry or business.....
12. Name..... **Simon Hanning**
13. Birthplace..... **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name..... **Meta Heidort**
15. Birthplace..... **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Mrs. Emma Paleardi**
(b) Address..... **3337 A Halliday**
17. (a) **Entombment** (b) Date thereof..... **11-22-46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation..... **Oak Grove Mausoleum**

18. (a) Signature of funeral director..... **Wingbermuehle Funeral Home**
(b) Address..... **3819 S. Grand Blvd.**

19. (a) **NOV 20 1946** (Date received local Registrar)
J. F. Bressan (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County.....
(c) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No..... **3337 A Halliday**
(If rural, give location)
(e) Citizen of foreign country?..... **No** (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **11th** day **19th**
year..... **1946** hour..... **9/P.M.** M.
21. I hereby certify that I attended the deceased from.....
Sept. 7, 1946 to Nov 19, 1946
that I last saw h. alive on..... **Nov 18, 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Chronic myocarditis** Duration.....
Due to..... **Arteriosclerosis Sclerosis**

Due to.....
Other conditions..... **Chronic multiple arteritis**
(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?.....

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

23. Signature..... **St. Louis Schuchat** (M. D. or other)
Address..... **2200 Chouteau av** Date signed **11-20-46**

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 Ernest W. Spillers
Licensed Embalmer No. 4080
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.