

Registration District No. **318** Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County _____
(b) City or town **St. Louis**
(c) Name of hospital or institution: **3801 Flora Place**
(d) Length of stay: In hospital or institution _____
In this community _____

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County _____
(c) City or town **St. Louis, Missouri**
(d) Street No. **3801 Flora Place**
(e) If foreign born, how long in U. S. A. ? _____ years

3. (a) PRINT FULL NAME **MAY HANCOCK**
3. (b) If veteran, name war **None** **3. (c) Social Security No.** **None**
4. Sex **Female** **5. Color or race** **White** **6. (a) Single, widowed, married, divorced** **Married**
6. (b) Name of husband or wife **William J. Hancock** **6. (c) Age of husband or wife if alive** **61** years
7. Birth date of deceased **May 6, 1891**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **December** day **8** year **1946** hour **1** minute **40** A.M.
21. I hereby certify that I attended the deceased from **July 29, 1946, to Dec 8, 1946**
that I last saw him alive on **Dec 8, 1946** and that death occurred on the date and hour stated above.

8. AGE: Years **55** Months **7** Days **2** If less than one day _____ hr. _____ min.

Immediate cause of death: **Cerebral vessel with home metastatic focus of Spini**
Due to _____
Due to _____
Other conditions: _____
Major findings: _____
Of operations _____
Of autopsy _____

9. Birthplace **DeSoto, Missouri**
10. Usual occupation **Housewife**
11. Industry or business **At Home**
12. Name **Charles L. Burrus**
13. Birthplace **Ohio**
14. Maiden name **Ella Sarada**
15. Birthplace **St. Louis, Missouri**

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

16. (a) Informant **William J. Hancock**
(b) Address **3801 Flora Place**
17. (a) Entombment **(b) Date thereof** **Dec. 11, 1946**
(c) Place: burial or cremation **Oak Grove Mausoleum**
18. (a) Signature of funeral director **Wm. J. Robert L. & U. Co.**
(b) Address **1905 So. Grand Blvd.**
19. (a) DEC 9 1946 **(b) J. F. Brudeck**

23. Signature **E. A. Bowden** **(M. D. or other)** _____
Address **634 N. Grand** **Date signed** **12-8-46**

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.....

John Ketter

Licensed Embalmer No.....

3880

P. O. Address.....

St Louis,

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.