

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **10345**

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:
Park Lane Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 10 days
(Specify whether
 In this community 40 years
years, months or days)

3. (a) PRINT FULL NAME Mrs. Elizabeth S. Hanke

3. (b) If veteran, name war _____ 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 Edward W. Hanke 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Dec. 19, 1876
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>11</u>	<u>12</u>	hr. _____ min.

9. Birthplace Addieville, Ills.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER

12. Name Adam Geisel

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

14. Maiden name Mary Hauck

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

16. (a) Informant Mr. Edward W. Hanke

(b) Address 4467 Morganford

17. (a) Burial (b) Date thereof 12/4/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nashville, Ills.

18. (a) Signature of funeral director Beiderwieden Funeral

(b) Address 1936 St. Louis Ave. Home, Inc.

19. (a) DEC 4 1946 (b) J. F. Bredet
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(If outside city or town limits, write "RURAL")
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 4467 Morganford
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 1st
 year 1946 hour 9:45 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from Nov. 17
 1946, to Dec. 1, 1946

that I last saw her alive on December 1, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 15 days

Due to _____

Due to _____
Chronic Myocarditis
(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? Yes (Specify type of place) _____
 (e) Means of injury _____

23. Signature Dr. W. O. Loeschner M.D. M. D. or other _____

Address 3904 LaClede ave. Date signed 12/2/46

Dr. W. O. Laescher
3904 Locke
1-3 6-8

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..... *Delia J. Kuspis*
Licensed Embalmer No..... *3497*
P. O. Address..... *1936 St. Lawrence*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.