S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25586

FILED AUG 8 1947

Registration District No. 918

Primary Registration District No. 1003

Registrar's No. 7032

WRITE PLAINLY—USING 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 Park Lane Hosp. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 Week (Specify whether

In this community 15 Yr. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

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

(d) Street No. 8850 Jennings Rd. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Herman Hanebrink

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Barbara Hanebrink

6. (c) Age of husband or wife if alive 88 years

7. Birth date of deceased March (Month) 1 (Day) 1865 (Year)

8. AGE: Years 82 Months 4 Days 26 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Henry Hanebrink
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Un. Known
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant John R. Hanebrink

(b) Address 8850 Jenning Rd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 30/47 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Diedrich F. Hamm

(b) Address 8319 Halls Ferry Rd.

19. (a) JUL 29 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27 year 1947 hour 8-15 minute A.M.

21. I hereby certify that I attended the deceased from June 8, 1947 to July 27, 1947 that I last saw him alive on July 27, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary infarct	15 min
Due to Arterial sclerosis — N	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause of 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 [signature] (M. D. or other)

Address 8201 N Broadway Date signed 7-28-47

Jefferson City Printing Co.

(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 Henry A. Brammer

Licensed Embalmer No. 4200

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.