

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

25588
6630FILED JUL 21 1947
318

Registration District No.

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

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

3. (a) PRINT
FULL NAME**Edward Hanley**

3. (b) If veteran,

Unknown

3. (c) Social Security No.

Unknown

name war.....

4. Sex.....**Male**
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.....years
7. Birth date of deceased.....**About 1868**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 78? ? ? hr. min.

9. Birthplace.....**Unknown Ohio**
(City, town, or county) (State or foreign country)

10. Usual occupation.....**Janitor**

11. Industry or business.....

12. Name.....**Unknown Hanley**13. Birthplace.....**Unknown**
(City, town, or county)**Unknown**
(State or foreign country)14. Maiden name.....**Unknown**15. Birthplace.....**Unknown**
(City, town, or county)**Unknown**
(State or foreign country)16. (a) Informant.....**John P. Cullinane**(b) Address.....**Public Administrator**17. (a) Burial.....**Burial** (b) Date thereof.....**7/16/47**
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation.....**Memorial Park Cemetery**18. (a) Signature of funeral director.....**Albert H. Hoppe**(b) Address.....**4700 Washington Blvd.**19. (a) JUL 14 1947 (b) J. P. Bredeck
(Date received local registrar) (Registrar's signature)

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State.....**Missouri** (b) County.....**000**
(c) City or town.....**St. Louis** (If outside city or town limits, write "RURAL")
(d) Street No.**5552 Maple Avenue.** (If rural, give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month.....**July** day.....**11**
year.....**1947** hour.....**9** minute.....**30 A.** M.

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
Immediate cause of death.....**1. Death of Brain**
fracture of Pelvis 3 fractures
Left leg when he walked for the
first time after July 11th at
the intersection of King Highway
and Louisiana St. St. Louis
Missouri 6:45 P.M. July 9, 1947

Other conditions.....
(Include pregnancy within 3 months of death)
Major findings.....
Of operations.....
Of autopsy.....
22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....**Unavoidable accident**
(b) Date of occurrence.....**July 9, 1947**
(c) Where did injury occur?.....**St. Louis**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, industrial place, in public place?.....**Intersection**
(Specify type of place)
While at work?.....
(c) Means of injury.....**Automobile**

PHYSICIAN

Underline the cause of which death should be charged statistically.

23. Signature.....**William E. Doyle** (Dr. or other)
Address.....**St. Louis** Date signed.....**7/14/47**

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

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 B. 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.