

7. S. No. 2  
M-12-45  
ev. 5-17-39  
I X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED JUL 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26276  
Registrar's No. 1561

Registration District No. 317

Primary Registration District No. 3068

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Maplewood  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Maplewood Nursing Home 4  
(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)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town Maplewood 5  
(If outside city or town limits, write "RURAL")

(d) Street No. Maplewood Nursing Home 3  
(If rural, give location) 0

(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Richard Hanlin

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Elsa Hanlin 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased August 24, 1875  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

72 10 21 hr. min.

9. Birthplace Hersey Mich.  
(City, town, or county) (State or foreign country)

10. Usual occupation Inventor

11. Industry or business.....

12. Name George W. Hanlin

13. Birthplace New Brunswick, N. Y.  
(City, town, or county) (State or foreign country)

14. Maiden name Jennie Richardson

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

16. (a) Informant Mrs. Elsa Hanlin  
(b) Address 1724 Boneta Ave.

17. (a) Burial (b) Date thereof 7/22/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director M. J. Croghan

(b) Address 7146 Manchester Ave.

19. (a) 7-22-47 (b) Gene J. Sharpe  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19th  
year 1947 hour..... minute..... M.

21. I hereby certify that I attended the deceased from July 4  
1947 to July 19 1947  
that I last saw him alive on July 19 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration

Hypostatic pneumonia 3 days

Due to Senility

Arteriosclerosis

Due to Post cerebral accident

Other conditions.....  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:  
Of operations.....

Of autopsy.....

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 J. Atterley MD (M. D. number)  
Address 7266 Manchester Date signed 7-21-47

WRITE PLAINLY—USE 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..... *Elmer R. Padwell*.....

Licensed Embalmer No..... *4077*.....

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.**