

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED AUG 21 1947 318

Registration District No.

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH 1003

Primary Registration District No.

State File No. 29097
Registrar's No. 7613

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.....
327 N. Taylor Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
75 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME..... **Elizabeth B. Hanley**

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

4. Sex..... **F.** 5. Color or race..... **W.** 6. (a) Single, widowed, married, divorced..... **S.**
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... **Unk. Unk. 1872** years
7. Birth date of deceased..... (Month) (Day) (Year)

8. AGE: **abt. 75** Years Months Days If less than one day
Unk. Unk. hr. min.

9. Birthplace..... **N.Y.** /
(City, town, or county) (State or foreign country)

10. Usual occupation..... **At Home**

11. Industry or business..... **John Hanley**

12. Name..... **N.Y.** /
13. Birthplace..... **Mr. Dalton** (State or foreign country)
14. Maiden name..... **N.Y.** /
15. Birthplace..... (City, town, or county) (State or foreign country)

16. (a) Informant..... **Mr. Dalton Kinsella**
(b) Address..... **4404 Lindell Blvd.**

17. (a) **Burial** (b) Date thereof..... **8-12-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Calvary**

18. (a) Signature of funeral director..... **Arthur J. Donnelly**
(b) Address..... **3840 Lindell Blvd.**

19. (a) **AUG 11 1947** (b) **J. F. Brink**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Mo.** (b) County..... **avo**
(c) City or town..... **St. Louis** 17
(If outside city or town limits, write "RURAL")
(d) Street No. **327 N. Taylor Ave.** 9
12- (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No) 0
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **Aug.** day..... **9th.**
year..... **1947** hour..... **4** minute..... **52** P.M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;
that I last saw h..... alive on....., 19.....,
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Due to.....

Due to.....

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 (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)

23. Signature..... (M. D. or other).....
Address..... Date signed.....

PHYSICIAN

Underline the cause of which death should be charged statistically.

SEP 10 1947

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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4840 Lafayette

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.