

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

32575

State File No. _____

FILED SEP 23 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8552

1. PLACE OF DEATH:

(a) County of Missouri
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Days (Specify whether
In this community St. Louis years, months or days)

3. (a) PRINT
FULL NAMEJohn T. Hanley

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 Elsie Hanley 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept. 22 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 11 16 hr. min.

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

10. Usual occupation Machinist

11. Industry or business

12. Name Thomas Hanley
13. Birthplace Ireland
(City, town, or country) (State or foreign country)
14. Maiden name Mary Henry
15. Birthplace Ireland
(City, town, or country) (State or foreign country)

16. (a) Informant Elsie Hanley(b) Address 2858 St. Louis Ave.

17. (a) Burial (b) Date thereof 9/10/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery18. (a) Signature of funeral director John P. Collins & Bro.(b) Address 928 N. Grand Blvd.

19. (a) SEP 9 1947 (b) J. Budick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State of Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2858 St. Louis Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 8
year 1947 hour 1 minute 35 A.M.

21. I hereby certify that I attended the deceased from Sept 7 to Sept 8
that I last saw live on Sept 7 and that death occurred on the date and hour stated above.
Duration 17

Immediate cause of death Chronic myocarditis

Due to Hypertrophy of Prostate

Due to Arteriosclerosis

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

Major findings:

Of operations _____

Of autopsies _____

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 Lo. E. Modell (M. D. or other)
Address 2537 S. Jefferson Date signed 9-4-47

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.....

..... Licensed Embalmer No. 4194

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.