

FILED DEC 6 1947
Registration District No. 318

Primary Registration District No. 1003

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:
1429 Tamm Avenue
(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.....
(c) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No..... **1429 Tamm Avenue**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **EDITH A HANON**

3. (b) If veteran, name war..... **None** 3. (c) Social Security No. **None**

4. Sex..... **Female** 5. Color or race..... **White**
6. (a) Single, widowed, married, divorced..... **Married**
6. (b) Name of husband or wife..... **John E. Hanon**
6. (c) Age of husband or wife if alive..... **79** years
7. Birth date of deceased..... **August 24, 1875**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 2 24 hr. min.

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

10. Usual occupation..... **Housewife**

11. Industry or business.....

MOTHER FATHER

12. Name..... **David Allan**
13. Birthplace..... **Ohio**
(City, town, or county) (State or foreign country)
14. Maiden name..... **Mary Elizabeth Harper**
15. Birthplace..... **Despere Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **John E. Hanon**
(b) Address..... **1429 Tamm Avenue**

17. (a) **Burial** (b) Date thereof..... **Nov 20, 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Bellefontaine Cemetery**

18. (a) Signature of funeral director..... **Shepard Funeral Home**
1167 Hamilton Avenue.
(b) Address.....

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **18, 1947**
year..... **1** hour..... **35** minute..... **P** M.

21. I hereby certify that I attended the deceased from.....
Apr....., 19**46**, to **Nov 18**....., 19**47**.
that I last saw h..... **alive** on..... **Nov 18**....., 19**47**
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Cerebral Hemorrhage** **15 hrs.**

Due to..... **Hypertension**
Arteriosclerosis

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..... **Edward J. Helms** (M. D. or other) **MD**
Address..... **3903 1/2 Pine** Date signed..... **11-19-47**

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.....

Ernest W. Spillar
.....
Licensed Embalmer No..... *4080*

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.