

S. No. 2  
DM-1/47  
Rev. 5-17-39

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

43653

State File No. \_\_\_\_\_

FILED DEC 31 1947  
Registration District No. 17

Primary Registration District No. 3063

Registrar's No. 2688

1. PLACE OF DEATH

(a) County St. Louis County

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

(c) Name of hospital or institution St. Louis County  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 35 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 3246 Big Bend  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME James Hanlon

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex m Color or race wh

5. Color or race wh

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

6. (b) Name of husband or wife Nellie Byrne

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased 8-20-1887  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>60</u>	<u>4</u>		.....hr. ....min.

9. Birthplace Elizabeth, New Jersey  
(City, town, or county) (State or foreign country)

10. Usual occupation Fireman

11. Industry or business Maplewood City

12. Name John Hanlon

13. Birthplace Ireland  
(City, town, or county) (State or foreign country)

14. Maiden name Ellen Manning

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

16. (a) Informant Son, James J. Hanlon

(b) Address St. Louis

17. (a) BURIAL (b) Date thereof 12-23-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM

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

(b) Address 7146 MARCHESSAULT

19. (a) 12-22-47 (b) Paul J. Hanlon MD  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 20 year 1947 hour 4 minute 15 P.M.

21. I hereby certify that I attended the deceased from Dec 20 - 3:45 PM 1947 to Dec 20 4:15 PM 1947 that I last saw him alive on Dec 20 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration

Due to Coronary Arteriosclerosis

Due to 940

Other conditions Generalized Arteriosclerosis  
(Include pregnancy within 3 months of death)

Hypertension

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 Wm. C. Citchlaw (M. D. or other) \_\_\_\_\_

Address 601 Brentwood Blvd Date signed \_\_\_\_\_

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

16  
34

2605777777

MOTHER FATHER

FEB 24 1948

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 John J. Desimone  
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.