

STANDARD CERTIFICATE OF DEATH

State File No. **14984**
Registrar's No. **1168**

Registration District No. **17**

Primary Registration District No. **6076**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **Jefferson Barracks, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **Veterans Administration Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 Days**
(Specify whether years, months or days)
In this community **2 Days**

3. (a) PRINT FULL NAME **HANLY, Darrell Irving**

3. (b) If veteran, name war **WW-1** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Helen** 6. (c) Age of husband or wife if alive **48** years
7. Birth date of deceased **August 25 1899**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
48 8 10 hr. min.

9. Birthplace **Muncie Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Teacher - Farmer**

11. Industry or business.

12. Name **Sherman Hanly**
13. Birthplace **Champaign Co., Illinois**
(City, town, or county) (State or foreign country)
14. Maiden name **Grace Cronkhite**
15. Birthplace **Champaign Co., Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant **Registrar, VA Hospital**
(b) Address **Jefferson Barracks, Mo.**
17. (a) **Removal** (b) Date thereof **5-6-48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Roodhouse, Ill.**

18. (a) Signature of funeral director **Albert H. Hoppe**
(b) Address **4700 Washington, St. Louis, Mo.**

19. (a) **5-6-48** (b) **Carl R. [Signature]**
(Date received local registrar) (Registrar's signature)

Jefferson City Printing Co.

2. USUAL RESIDENCE OF DECEASED:

(a) State **Illinois** (b) County **Greene**
(c) City or town **Roodhouse, Ill**
(If outside city or town limits, write "RURAL")
(d) Street No. **Route #1**
(If rural, give location)
(e) Citizen of foreign country? **-** (Yes or No) **2**
If yes, name country **-**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **5**
year **1948** hour **4:15** minute **A.** M.

21. I hereby certify that I attended the deceased from **May 3, 1948** to **May 5, 1948**
that I last saw him alive on **May 5, 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **CEREBRAL HEMORRHAGE**

Contributory cause: **NEPHROSCLEROSIS. HEALED**

DECKX PYELONEPHRITIS

DECKX PYELONEPHRITIS

Due to **1310**

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations.

Of autopsy **Autopsy performed**
(See cause of death)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **None**
(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) **5-5-48** of injury
23. Signature **L.E. Stilwell** (M.D. or other)
Address **Jefferson Barracks, Mo.** Date signed **5/5/48**

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

MAY 26 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

Gustave W. Dietrich

Licensed Embalmer No.

4329

P. O. Address

St. Louis, Mo

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.