

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **34215**

FILED OCT 18 1948

Registration District No. **318**

Primary Registration District No. **1005**

Registrar's No. **8702**

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:
2328 r Cole St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community **18 yrs**
years, months or days) (Specify whether)

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. **2328 r Cole Street**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **ANDERSON HANNAH**

3. (b) If veteran, name war **World War I**
3. (c) Social Security No. **488-07-0117**

4. Sex **Male** 5. Color or race **Col.**
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Annie Hannah**
6. (c) Age of husband or wife if alive **54** years
7. Birth date of deceased **February 22, 1893**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	55	7	10	hr. min.

9. Birthplace **McCool** **Mississippi**
(City, town, or county) (State or foreign country)

10. Usual occupation **Skill Labor**

11. Industry or business **Shoe Factory**

12. Name **Sidney Hannah**

13. Birthplace **McCool** **Miss.**
(City, town, or county) (State or foreign country)

14. Maiden name **Rosie Withersby**

15. Birthplace **Simpson** **Mississippi**
(City, town, or county) (State or foreign country)

16. (a) Informant **Annie Hannah**
(b) Address **2328 r Cole Street**

17. (a) **Burial** (b) Date thereof **10-8-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Washington Park**

18. (a) Signature of funeral director **Allen Dukes**
(b) Address **3506 Franklin Avenue**

19. (a) **OCT 6 1948** (b) **J. B. Sabater**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **2**
year **1948** hour **9:10** minute **A.** 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 **Myocardial Insufficiency**
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?.....

While at work (Specify type of place) (e) Means of injury **3**
23. Signature **Patrick P Taylor** (M. D. or other).....
Address **Deputy Coroner** Date signed **10-6-48**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

8
1

MAR 20 1957

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 *James P. Hyatt*
Licensed Embalmer No. 4441
P. O. Address 2829 Washington

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.