

# THE DIVISION OF HEALTH OF MISSOURI

## STANDARD CERTIFICATE OF DEATH

State File No. ....

Registrar's No. ....

No. 300  
10.48

FILED MAR 19 1949

318

1003

2221

BIRTH NO. ....		REG. DIST. NO. ....		PRIMARY REG. DIST. NO. ....		State File No. ....		Registrar's No. ....			
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>							
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>4327 Delmonte</u>				d. STREET ADDRESS (If rural, give location) <u>4327 Delmonte</u>							
3. NAME OF DECEASED (Type or Print)			a. (First) <u>John</u>			b. (Middle) <u>Joseph</u>			c. (Last) <u>Hanley</u>		
4. DATE OF DEATH			(Month) <u>Mar.</u>			(Day) <u>7</u>			(Year) <u>1949</u>		
5. SEX <u>Male</u>			6. COLOR OR RACE <u>White</u>			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>			8. DATE OF BIRTH <u>May 18, 1890</u>		
9. AGE (In years last birthday) <u>58</u>			10. UNDER 1 YEAR Months			11. UNDER 1 YEAR Days			12. UNDER 1 YEAR Hours		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Theatrical Producer</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <u>St. Louis</u>			12. CITIZEN OF WHAT COUNTRY? <u>American</u>		
13a. FATHER'S NAME <u>John Hanley</u>				13b. MOTHER'S MAIDEN NAME <u>Unknown</u>				14. NAME OF HUSBAND OR WIFE <u>Allene Hanley</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>				16. SOCIAL SECURITY NO. <u>W.W. 1</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Allene Hanley</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis Heart 10x</u> DUE TO (c) <u>93</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes mellitus</u>						INTERVAL BETWEEN ONSET AND DEATH <u>30 min.</u> <u>5 yrs.</u> <u>Uncertain</u>	
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <u>H2O</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)				21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.				21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>July</u> , 1944, to <u>Mar</u> , 1949, that I last saw the deceased alive on <u>Mar 7</u> , 1949, and that death occurred at <u>11:20 p.m.</u> , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <u>Dr. C. MacCormack M.D.</u>				23b. ADDRESS <u>539 N. Grand</u>				23c. DATE SIGNED <u>3-10-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>				24b. DATE <u>3-11-49</u>				24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>			
24d. LOCATION (City, town, or county) (State) <u>Jefferson Co., Mo.</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Gary Miller</u>				ADDRESS <u>504</u>			
DATE REC'D BY LOCAL REG. <u>MAR 10 1949</u>				REGISTRAR'S SIGNATURE <u>J. B. Lanster</u>				504			

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....

*Ronald Wahnke*

Student Embalmer No. ....

working under my personal supervision.

Student .....

Student Embalmer

Signed.....

*Ronald Wahnke*

Licensed Embalmer No. ....

*3917*

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.