

FILED NOV 21 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39561**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **3064** Registrar's No. **4288**

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

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give town OR <b>Kirkwood</b> )		c. CITY (If outside corporate limits, write RURAL and give township) <b>904</b> OR <b>Kirkwood</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>Manchester &amp; Lockett Rds.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Ozark Nursing Home</b>			
3. NAME OF DECEASED a. (First) <b>OLLIE</b>		b. (Middle) <b>HANNA</b>	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 31, 1949</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Sept. 26, 1877</b>
9. AGE (In years last birthday) <b>72</b>		10. MONTHS <b>1</b>	11. DAYS <b>5</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Housewife</b>	
11. BIRTHPLACE (State or foreign country) <b>Beebe, Ark.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>John R. Smith</b>		13b. MOTHER'S MAIDEN NAME <b>Alice Cobb</b>	
14. NAME OF HUSBAND OR WIFE <b>William Hanna</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. F. C. Henderson</b>		ADDRESS <b>6124 Leona St. Louis</b>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>High pressure</b> DUE TO (c) <b>unknown</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>none</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>1 Feb.</b> , 1949, to <b>31 Oct.</b> , 1949, that I last saw the deceased alive on <b>30 Oct.</b> , 1949, and that death occurred at <b>10:10 p.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>J. A. Barnett M.D.</b>		23b. ADDRESS <b>243 W. Jefferson</b>	
23c. DATE SIGNED <b>11/1/49</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>11/1/49</b>	
24c. NAME OF CEMETERY OR CREMATOR		24d. LOCATION (City, town, or county) (State) <b>Little Rock, Ark.</b>	
DATE REC'D BY LOCAL REG. <b>11-1-49</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Womke M.D.</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Louis H. Bopp, Inc.</b>		ADDRESS <b>Kirkwood, Mo.</b>	

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Felix Grand

Licensed Embalmer No. 3034

P. O. Address Kirkwood 222

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.