

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED AUG 14 1950

318

1003

State File No. 24829

6726

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrars No. _____	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis Mo		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 2139			
d. FULL NAME OF HOSPITAL OR INSTITUTION LITTLE FLOWER RETREAT				10. STREET ADDRESS (If rural, give location) 5616 S. MAGNOLIA			
3. NAME OF DECEASED (Type or Print)		a. (First) 2500 S 78th Middle ELIZABETH		c. (Last) HANNEKEN		4. DATE OF DEATH (Month) (Day) (Year) AUG. 7 1950	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW		8. DATE OF BIRTH MAR. 2, 1897	
9. AGE (In years last birthday) Months Days 93		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WIDOW		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) GERMANY	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME CHRISTIAN HENRICHS		13b. MOTHER'S MAIDEN NAME THEKLA GECRS		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME MARY SCHOMAKER			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio-sclerotic heart disease DUE TO (c) Senile changes  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Tumor of Colon				INTERVAL BETWEEN ONSET AND DEATH 5 mo 5 yrs 10 yrs 6 mo	
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? H250			
22. I hereby certify that I attended the deceased from Jan 2, 1950, to Aug 7, 1950, that I last saw the deceased alive on Aug 6, 1950, and that death occurred at 5-45 AM., from the causes and on the date stated above.							
23a. SIGNATURE J. B. Sasser				23b. ADDRESS 4957 Maryland Ave		23c. DATE SIGNED 8-7-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE AUG. 9 1950		24c. NAME OF CEMETERY OR CREMATORY ST. MARY CEMETERY		24d. LOCATION (City, town, or county) (State) BRUSSELS, ILLINOIS	
DATE REC'D BY LOCAL REG. AUG 7 1950		REGISTRAR'S SIGNATURE J. B. Sasser		25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kuti 2906 Gravois			

(Licensed Embalmer's Statement on Reverse Side)

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

4952 Mainland  
Rd 306v

11 30  
No: 530  
O. 201

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

working under my personal supervision.

Student Embalmer No. ....

Signed Harmer C. Hill

Signed.....  
Student Embalmer

Licensed Embalmer No. 4347

P. O. Address 2906 Blaine

**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.