

FILED MAR 19 1951

STANDARD CERTIFICATE OF DEATH

State File No.

2013

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		2179	
d. FULL NAME OF HOSPITAL OR INSTITUTION LUTHERAN HOSPITAL				d. STREET ADDRESS (If rural, give location) 3008 HENRIETTA			
3. NAME OF DECEASED (Type or Print) a. (First) FRANCES b. (Middle) FANNIE c. (Last) HANLEY				4. DATE OF DEATH (Month) (Day) (Year) FEB. - 28 - 51			
5. SEX FE. 1		6. COLOR OR RACE W.		7. MARRIES, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W. 2		8. DATE OF BIRTH JUNE - 25 - 1878	
9. AGE (In years last birthday) 72 YRS		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NIL		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) ST. LOUIS MO.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME JAMES BURKE		13b. MOTHER'S MAIDEN NAME KATE LAVIN		14. NAME OF HUSBAND OR WIFE N.D. HANLEY	
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 ADDRESS Mr. N.D. Hanley Guyer + Rott Rd.			
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) Bacterial Pneumonia ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Hemorrhage DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arterio Sclerosis				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES ☐ NO ☐	
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)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? 331X			
22. I hereby certify that I attended the deceased from 2/15, 1951 to 2/28, 1951 , that I last saw the deceased alive on 2/28, 1951 , and that death occurred at 11 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE W.D. Hanley (Degree or title)				23b. ADDRESS 3012 Lafayette		23c. DATE SIGNED 2/15/51	
24a. BURIAL OR CREMATION (Specify) BURIAL		24b. DATE MARCH - 3 - 51		24c. NAME OF CEMETERY OR CREMATORY CALVARY CEM.		24d. LOCATION (City, town, or county) (State) ST. LOUIS MO.	
DATE REC'D BY LOCAL REG. MAR 2 1951		REGISTRAR'S SIGNATURE J. B. Lasater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. J. Schmur 3125 Lafayette			

(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Student Embalmer

Signed

Joseph Bollmer

Licensed Embalmer No. *4814*

P. O. Address *3125 Lafayette*

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.