

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2868

FILED FEB 14 1952

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1003

State File No.

0743

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis MO</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis MO</u> 2289					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Foundry Alley</u>				d. STREET ADDRESS (If rural, give location) <u>28 W 16</u>					
3. NAME OF DECEASED (Type or Print)		a. (First) <u>FRANK</u>		c. (Last) <u>HANLEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1 8 52</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>art=1900</u>			
9. AGE (In years last birthday) <u>52</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Welder</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Welding</u>		11. BIRTHPLACE (State or foreign country) <u>MO</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Wm</u>		13b. MOTHER'S MAIDEN NAME <u>Wm</u>		14. NAME OF HUSBAND OR WIFE <u>Wm</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>Wm</u>		17. INFORMANT'S SIGNATURE OR NAME <u>W.B. Taylor</u> ADDRESS <u>1300 Clark</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) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Gastric Hemorrhage</u> DUE TO (c) <u>Ruptured Esophagus</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Varix</u>				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) m.		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? <u>H. 100X</u>					
22. I hereby certify that I attended the deceased from <u>2-10-52</u> , to <u>2-10-52</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>2-10-52</u> , and that death occurred on <u>2-10-52</u> from the causes and on the date stated above.									
23a. SIGNATURE <u>Joseph D. Smith</u> (Degree or title) <u>Registrar</u>				23b. ADDRESS <u>1300 Clark</u>		23c. DATE SIGNED <u>1/17/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>1-31-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Graceland Burial</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>			
DATE REC'D BY LOCAL <u>JAN 2 1952</u>		REGISTRAR'S SIGNATURE <u>Joseph D. Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Rowland Mortuary Service</u> ADDRESS <u>4104 Manchester Ave.</u>					

(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 _____

Students of Mortuary College

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

James G. Lammers

Licensed Embalmer No. *4142*

P. O. Address *St. Louis*

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.