

FILED FEB 3 1953

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____
 Registrar's No. **0680**

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|---|-------------------------------|--|---|---|---|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. 0680 | |
| 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 | | c. LENGTH OF STAY (In this place) _____ | | c. CITY (If outside corporate limits, write RURAL and give township): OR TOWN St. Louis | | 2159 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony Hospital | | | | d. STREET ADDRESS (If rural, give location) 15 5514a Virginia Avenue | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) JAMES | | b. (Middle) E. | | c. (Last) HANLEY | | 4. DATE OF DEATH (Month) (Day) (Year) JAN. 20, 1953 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH July 21, 1887 | 9. AGE (In years last birthday) 65 | | IF UNDER 1 YEAR Months Days Hours Mins. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Guard | | 10b. KIND OF BUSINESS OR INDUSTRY U.S. Eng. Ser. Base | | 11. BIRTHPLACE (City and State or Foreign Country) Milwaukee, Wisconsin | | 12. CITIZEN OF WHAT COUNTRY? 7 | |
| 13a. FATHER'S NAME John Behmke | | | 13b. MOTHER'S MAIDEN NAME Anna (Unk.) | | | 14. NAME OF HUSBAND OR WIFE Alice | |
| 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. 192-22-1845 | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Allice Hanley 5514a Virginia, St. Louis, Mo. | | | |
| 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) Arteriosclerotic Heart with Decompensation ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis generalized DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1) Emphysema 2) Bronchitis, chronic | | | | INTERVAL BETWEEN ONSET AND DEATH 1 1/2 years Unk. Unk. | |
| 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? 4200 | | | |
| 22. I hereby certify that I attended the deceased from May 25, 1950 , to JAN 20, 1953 , that I last saw the deceased alive on JAN 19, 1953 , and that death occurred at 6:30A. m. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) Hans J. Soper M.D. | | | | 23b. ADDRESS 518 Olive | | 23c. DATE SIGNED 21 Jan 53 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE Jan 23, 1953 | | 24c. NAME OF CEMETERY OR CREMATORY St. Matthew Cemetery | | 24d. LOCATION (City, town, or county) (State) 4360 Bates | |
| DATE REC'D BY LOCAL REG. JAN 21 1953 | | REGISTRAR'S SIGNATURE Charles Smith M.D. | | 25. FUNERAL DIRECTOR'S SIGNATURE C. Hoffmeister U. & L. Co. | | ADDRESS 7814 So. Broadway, St. Louis 11 Mo. | |

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7519 E. Broadway

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.