

THE DIVISION OF HEALTH OF ILLINOIS  
STANDARD CERTIFICATE OF DEATH

11652

State File No. ....

3421

FILED APR 10 1953

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)	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) Alton	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital		d. STREET ADDRESS (If rural, give location) 2411 Judson Ave.	

3. NAME OF DECEASED a. (First) Angela b. (Middle) Susan c. (Last) Hanneken		4. DATE OF DEATH (Month) (Day) (Year) Mar. 29 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Jan. 6, 1947
9. AGE (In years last birthday) 5 6		10. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	
11. BIRTHPLACE (City and State or Foreign Country) Alton, Illinois		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Joseph Hanneken	13b. MOTHER'S MAIDEN NAME Tola Twichell	14. NAME OF HUSBAND OR WIFE -----
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Joseph Hanneken
		ADDRESS 2411 Judson Alton Ill

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>Agnesia, corpus callosum</i>		MEDICAL CERTIFICATION		19. INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		DUE TO (b) <i>Congenital malformation</i>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>about cerebellum + corpus callosum</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR 7593

22. I hereby certify that I attended the deceased from *Feb*, 1953, to *Mar 29*, 1953, that I last saw the deceased alive on *3/29*, 1953 and that death occurred at *7:22* p.m., from the causes and on the date stated above.

23a. SIGNATURE <i>S B Rader</i>	(Degree or title) M.D.	23b. ADDRESS <i>St. Luke's Hosp</i>	23c. DATE SIGNED <i>3-31-53</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE <i>Apr. 1, 1953</i>	24c. NAME OF CEMETERY OR CREMATORY <i>St. Patricks Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Alton Illinois.</i>

DATE REC'D. BY LOCAL REGISTRAR <i>MAR 31 1953</i>	REGISTRAR'S SIGNATURE <i>Charles Smith M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Robert H. Streep</i>	ADDRESS <i>Alton, Ill.</i>
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(Licensed Embalmer's Statement on Reverse Side)

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

*Caution*

*d*

**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 Robert H. Struiper

Licensed Embalmer No. 2474

P. O. Address Alton, Ill.

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.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State of Illinois  
County of Madison } ss.

State File No. 11652-53  
Local Registrar's No. 3421

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 13 day of April, 1953, before me appears

Robert H. Streeper, who, upon his oath, states that the original record of birth death  
for Angela Susan Hammer born 3-29, 1953, in the State of  
Missouri, and which was filed at \_\_\_\_\_ on \_\_\_\_\_, 19\_\_\_\_, should be corrected as follows:

Item No. 8 should read Jan. 6 - 1947

Instead of \_\_\_\_\_ 1948

Item No. 9 should read age 6

Instead of \_\_\_\_\_ 5

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief.

(SEAL) J. D. Affiant Robert H. Streeper Father Relationship.

2521 Edward St Alton Ill  
Present Address.

Subscribed and sworn to before me this 13 day of April, 1953.

My Commission expires Jan 23 1955 Earl F Brown Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

