

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED APR 28 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 113 PRIMARY REG. DIST. NO. 4185 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St-Clair</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St-Clair</u>	
c. LENGTH OF STAY (In this place) <u>2 years</u>		d. STREET ADDRESS (If rural, give location) <u>St-Clair - Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St-Clair Mo</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Anton</u> b. (Middle) <u>A</u> c. (Last) <u>Hanneken</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>4-17-54</u>
---	--

5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Aug-1-1904</u>	9. AGE (In years last birthday) <u>49</u>	IF UNDER 1 YEAR Month <u>8</u> Day <u>7</u>	IF UNDER 2 HRS. Hours <u>16</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during part of working life, when insured) <u>Auto Parts Sales</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Selling Cars</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Mo. Sel. - Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>William Hanneken</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Kaasch</u>	14. NAME OF HUSBAND OR WIFE <u>Zillian</u>
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Zillian Hanneken</u> ADDRESS <u>St-Clair - Mo</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		INTERVAL BETWEEN ONSET AND DEATH <u>18 mo.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tuberculosis of Lungs -</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Nutritional Deficiency</u>		maichs	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>002x</u>	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) (m.)	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 001, 1952, to 4-17, 1954, that I last saw the deceased alive on 4-10, 1954 and that death occurred at 4:00 m., from the causes and on the date stated above.

23a. SIGNATURE <u>W.E. Mitchell M.D.</u> (Degree or title)	23b. ADDRESS <u>St-Clair - Mo</u>	23c. DATE SIGNED <u>4-17-54</u>
--	-----------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>4-19-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St-Marys Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Franklin Co - Mo</u>
--	--------------------------	---	---

DATE REC'D BY LOCAL REG. <u>4-19-54</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>St-Clair, Mo</u>
---	--	---

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 Sherman W. Mitchell

Licensed Embalmer No. 3873

P. O. Address St Clair, Mo

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.