

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9229

State File No.

FILED MAR 21 1955

Registrar's No. 72

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058

1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Charles</u>		c. CITY OR TOWN <u>St. Charles</u>	d. Residence within limits of a city incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <u>00723</u>
c. LENGTH OF STAY (in this place) <u>4 yrs.</u>		e. STREET ADDRESS (If rural, give location) <u>1027 Monroe St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1027 Monroe St.</u>			

3. NAME OF DECEASED (Type or Print) <u>MARY</u>	a. (First)	b. (Middle)	c. (Last) <u>HANCOCK</u>	4. DATE OF DEATH <u>Mar. 15, 1955</u>
				(Month) (Day) (Year)

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	8. DATE OF BIRTH <u>Feb. 14, 1862</u>	9. AGE (In years last birthday) <u>93</u>	If UNDER 1 YEAR Months <u>11</u> Days <u>1</u>	If UNDER 12 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home maker</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Thomas H. Scales</u>	13b. MOTHER'S MAIDEN NAME <u>Euphemia Morrison</u>	14. NAME OF HUSBAND OR WIFE <u>Robert L. Hancock</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Maude Gould</u> ADDRESS <u>5081 Minerva Ave. St. Louis Mo.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs.</u> <u>10 yrh</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arterio sclerotic Heart Disease</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Gen. arterio Sclerosis</u> 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 <u>if 200</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 <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 3-7-55, to 3-15-55, that I last saw the deceased alive on 3-7-55, and that death occurred at 9 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. J. Brindley</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>St. Charles, Mo</u>	23c. DATE SIGNED <u>MAR. 15, 1955</u>
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24a. BURIAL CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>3/17/55</u>	24c. NAME OF CEMETERY <u>Bellefontaine</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Mar. 16 1955</u>	REGISTRAR'S SIGNATURE <u>James Hamster</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Cullen Kelly</u> ADDRESS <u>7267 Natural Bridge</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

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.....
Signature of Student Embalmer

Signed.....
James A. Lamm

Licensed Embalmer No. *414*

P. O. Address *H. L. Co.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.